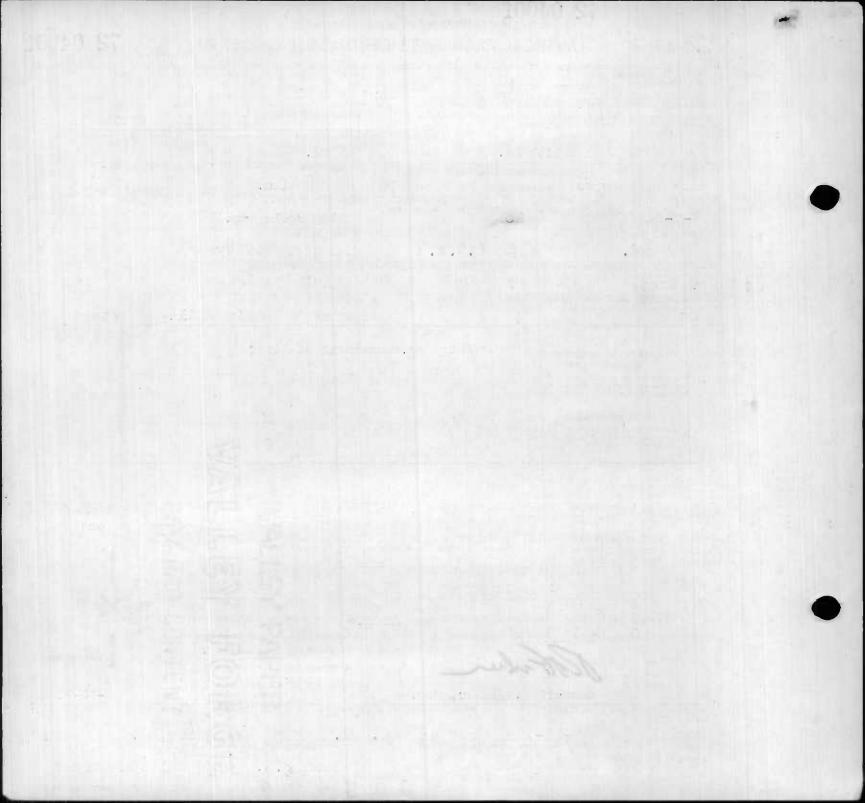
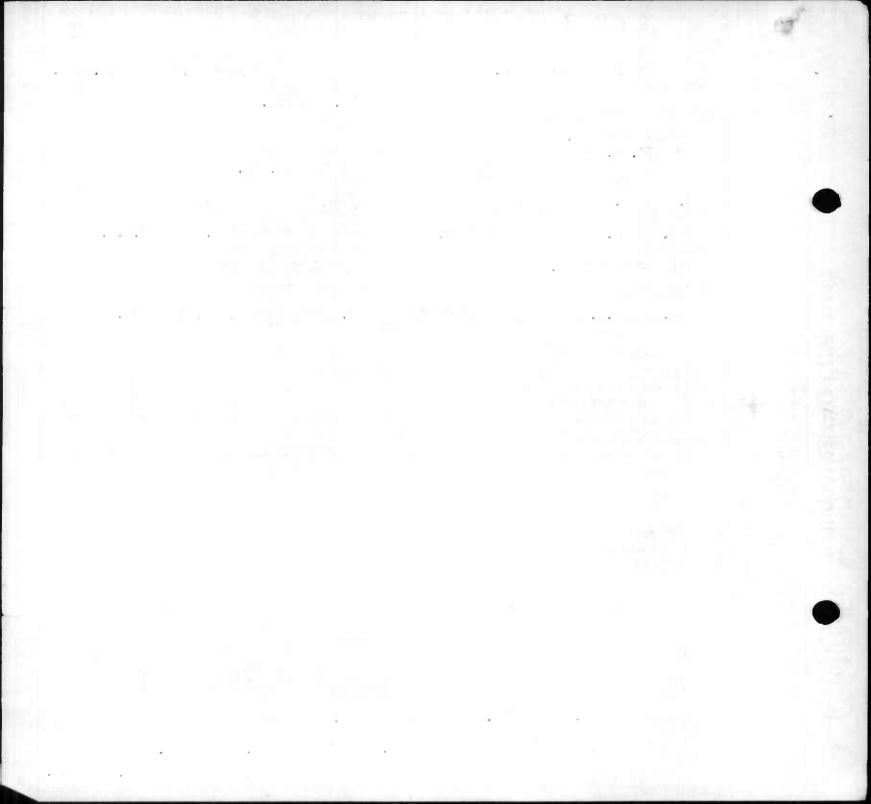
72 04001

K	3-400	5	ME		BALTIMORE CITY H			OF DEA	TH REG. NO.	72	2 04001
	H NO.					70			KEO. 140.2		
	or Print)			- 1 T		2. DATE OF	Known		Doy	Yeor	Hour
			JERRY			DEATH 3. DATE	Estimote				N
FULL	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD L NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)						UNCED DE	AD 4	24	1972	7:30 a
OR II	NOITUTITZN					5. USUAL R A. STATE	ESIDENCE	(Where deceased	B. COUNTY	residence b	efore admission)
	00	2444 M	c Cull	oh St	•	M. SIMIE	Md.		B. COUNTY		1400
6. SI	X	7. RACE		B. MARR	IED NEVER MARRIED	C. CITY OF	TOWN		D. INSIDE CIT	Y LIMITS?	
m	ale	neg	ro	WIDOW			Ba1	to.	VE	s X	10 🗆
9. D	ATE OF BIRTI	H	10. AGE (E. STREET	AND NUME	BER	10	,	
	3-7-46		lost birthd	ov) 26	If Under 1 Yr. If Under 24 Hrs Months, Doys, Hours, Min	143	88 Argy	le Ave.			
	IRTHPLACE (S	tote or foreig	in country)		12. CITIZEN OF	13. FATHER		2- 111-1			
		Id.			WHAT-COUNTRY?			Bailey	r		
144 1		-	a kind of work	JIAB KIND	OF BUSINESS OR INDUSTR						
done	during most of w	orking life, ev	en if retired)	TAD. KII	OI B03114E33 OK 114D0311			-	2		
- 4	orter	en citen iti		D. F. C. D. C. C.	117 000111			Spencer			
Yes,	VAS DECEAS no or unknown)	(If yes, give	U.S. ARME	of service)	3? 17. SOCIAL SECURITY NO.	1B. INFOR			_	DRESS	
	no						er &	Connie	balley		.me
1	9.57	1001			CAUSE OF DE	ATH					PROXIMATE INTERVAL EEN ONSET AND DEAT
	DISEAS	E OR COND	ITION DIRE	CTLY	Fatty metar	norphosi	s of 1	iver			
		LEADING TO			(A)IMMEDIATE	CAUSE					
	(This does n	ot meon the , osthenio, etc	mode of d	ying, e.g.,		AS A CONSEC	UENCE OF:				*******
		plication whi									
CERTIFICATION	DISEASES OF RISE TO THE UNDERLYIN	NTECEDENT OR CONDITION ABOVE CA NG CONDITION OF CONDITION	ONS, IF AN USE (A) STA ION LAST.	ONTRIBUT	(B)	AS A CONSE	QUENCE OF				
프		CONDITION			INAL						
F 2	OA. DATE OF	OPERATION	1 20B. CO	NDITION	FOR WHICH OPERATION V	AS PERFORM	AED		11/11/11/11	21. AUTO	PSY? (Yes or No)
O	2									,	yes
읽	2A. EXTERIUNDERLYING	_	TRIB-		22B. PLACE OF INJURY (e.g. home, farm, factory, street, off	, in or obout a ce bldg., etc.)	22C. WHERE NJURY OC	DID (If in Boltin CUR?	more City, give exoc	1 .	,
Σ			oy) (Yeo	ar) (Hour	WHILE AT NO	T WHILE	22F. HOW D	ID INJURY OF	CCUR?		
2		ER'S	Satural car	Ful	Inspection A	de H	omicide C CHIEF MED	1	R 🗌	j	DATE SIGNED
244	BURIAL CREA		4B. DATE		24C. NAME of CEMETER	or CREMATO	ORY	24D. LOCATIO	ON (City town	or county)	
REM	oval (Specifical		4-27	-72	Arbutus Me	m. Pk.		Balt	cimore.M		(31016)
25A.	DATE REC'D	BY HEALTH	DEPT.	25B. N	AME OF REGISTRAR	25C.	FUNERAL D			DRESS	
A	PR 25 '	1972	la Bent !	E. Jack	Sey M.D.		son F	7	348 Calh	oun S	treet
/\$ 1.	51-REV. 1/1/6B			1 3	1 2 0 0	03	0 0	6			



This certificate must be approved by the chief medical examiner or his assistant if deoth occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such FUNERAL DIRECTOR: IMPORTANT

16 19006	E CITY HEALTH DEPARTMENT REG. NO. 72 0400	00							
BIRTH NO. CERTIF	ICATE OF DEATH REG. NO.	12							
(Type or Print)	2. DATE AND HOUR OF DEATH								
ANGELO PERRERA SR.	APRIL 23rd 1972 12.1	50 P.M .							
3. PLACE IN BALTIMORE, MARYLAND, WHERE FRONOUNCED DEAD	A. USUAL RESIDENCE (Where deceosed lived, If institution: residence	before admission)							
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	Md. BALTO.	300							
CHURCH HOME HOS.	C. CITY OR TOWN D. INSIDE CITY LIMITS?	11.11.11							
I50. N. BROADWAY	E. STREET AND NUMBER	10/11							
_5.5	3 SCHMIDT. RD.								
5. SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. Months; Doys H	If Under 24 Hrs.							
W. W. WIDOWED DIVORCE	DI II 0/13/12 59 i i	lours Min.							
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDidone during most of working life, even if refired)	USTRY 11. BIRTHPLACE (Slote or foreign country) 12. CITIZEN OF W	VHAT COUNTRY							
RES. OWNER. RETIRED.	THOMRSONSVILLE CONN. U.S.A.								
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME								
SALVATORE PERRERA.	CONCETTA DI MITTI								
5. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRES	S							
YES. W.W. I 217/18/96	692 MRS. BETTY PERRERA 3 SCHMIDT RD.								
18. 4 4 / X CAUSE OF I	TTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTT	MATE INTERVAL							
DISEASE OR CONDITION DIRECTLY	A conto Rospiratory Failme	ONSET AND DEATH							
LEADING TO DEATH	IF CALISE	-							
heart failure, osthenia, etc. It means the disease.	OR AS A CONSEQUENCE OF:	***************************************							
injury at complication which coused death.)	Chronin assemution day Discours								
ANTECEDENT CAUSES	giss								
DISEASES OR CONDITIONS, if ony, giving DUE TO, C	OR AS A CONSEQUENCE OF:	***************************************							
rise to the above couse (A) stoling the UNDERLYING CONDITION tost. (C)	Chimic Bronchiais um	~							
(-/	<u> </u>								
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING									
IO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	***************************************								
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION WAS PERFORMED WAS PERFORMED	20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDE IN CERTIFIING CAUSES OF DEATH?	ERED							
U 21A. ACCIDENT WAS INDERLYING TO 21E BLACE OF INMERIOR									
21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID (If in Boltimore City, give exact location) OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bidg, injury OCCUR?									
O DEATH (notify medical examined)									
OF INJURY (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED									
(APPROX) While At Not	While Work								
22. I certify that (1) (this hospital) attended the deceased fram.		. 75							
that (1) (we) last saw the deceased alive on Change 2		19 /2							
	The state of the s	ed an the date							
ond hour and from the causes stated obove. (1) (We) (did) (did n 23A. SIGNATURE	ot) view the body ofter deoth.	ew the body ofter deoth.							
	23B, DATE SIGNED								
Ma. Elm V. Many DEGREE	Attending Med. Stoff Phys. 4/25/7	2							
23C.PHYSICIAN'S 9 7	23D. ADDRESS	-							
MA ET ENA TE MANCAY MO	TO M BROATHER								
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY O	P CREMATORY 240. LO CATION (City, town, or county)	(Stote)							
Addition that topocity!		1210101							
BURIAL APRIL 27/72 MEADOWRIDGE (25A. DATE REG'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR		200							
APR 26 1972 Volent E. Jaben M.D.	322 S. HIC	H ST.							
/s 150-REV. 1/1/68	O MANTENDER SOUN								



the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death, shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

APR 7

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE

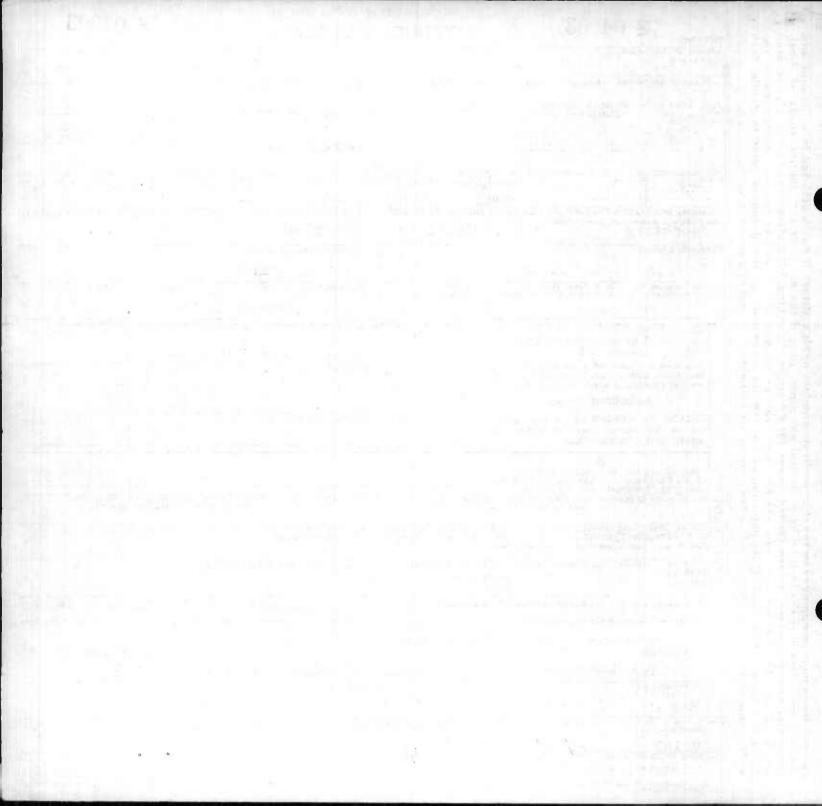
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OF DEATH	٢
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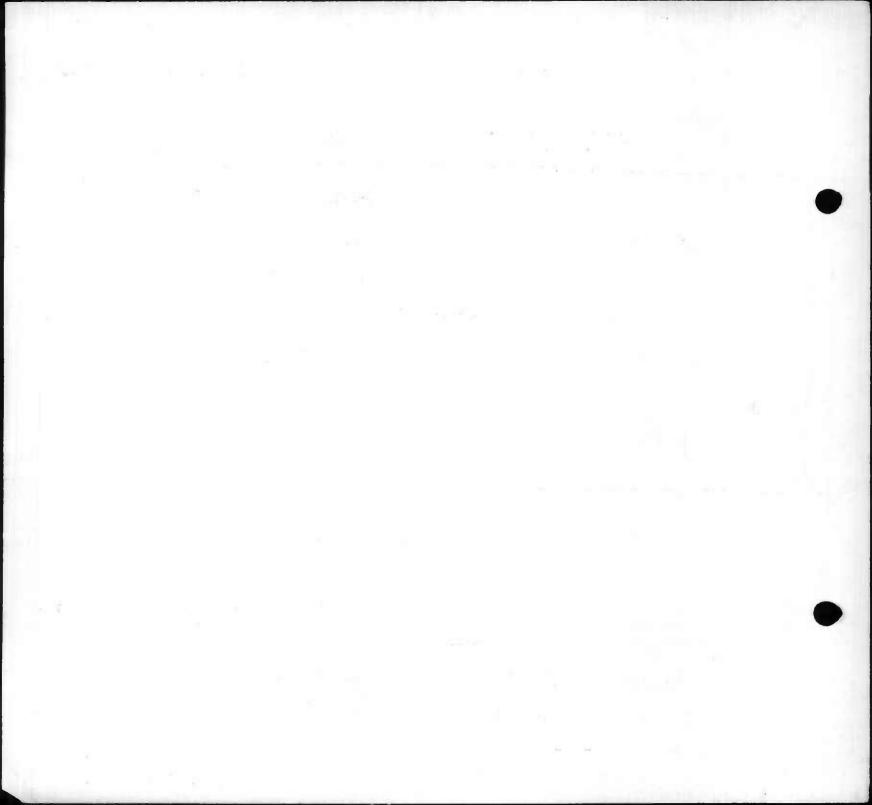
X	REG.	NO.	172	6400	1
					_

I. NAME OF DECEASED		2, DATE AND HOUR D	F DEATH
	R, Artha	4/23/7	2 6 P.M
3. PLACE IN BALTIMORE, MARYLAND,	WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE I Where deceased A. STATE B. COUNTY	lived. Il institution: residence belore admission)
FULL NAME OF HOSPITAL OR ADDRESS OR LOCK INSTITUTION	ITAL OR INSTITUTION, GIVE STREET CATION)	MARYLAND C. CITY OR TOWN	D. INSIDE CITY LIMITS?
JOHNS HOPKINS HOSPI	ITAL	HURLOCK E. STREET AND NUMBER	YES NO T
5. SEX 6. RACE	7. MARRISO XIEVER MARRIED	8. DATE OF BIRTH 9. AGE (In)	years III Under 1 Yr II Under 24 Hrs.
FEMALE WHITE	WIDOWED DIVORCED	12/15/18 lost birthdoy 53	Months Doys Hours Min.
IOA. USUAL OCCUPATION (Give kind of wo	WIND OF BUSINESS OF INDUSTRY	11. BIRTHPLACE (Slate or foreign country)	12. CITIZEN DE WHAT COUNTRY
Secretary	Camb. Scientific	Maryland	U.S.A
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
∄hillips, Art	hur	Phillips, ETHel	Court
15. Was Decoased Ever in U. S. Armed Fo (Yes, no or unknown) [If yes, give wor or do	les of service) 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
No	21 01 4817	Harry E. Parker, Hu	rlock, Md.
U 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	dying, e.g., s the disease, d death.) S any, giving stating the (C) DNTRIBUTING THE TERMINAL RT 1 (A). NOTION FOR WHICH OPERATION 218. FLACE OF INJURY Ie.g., i home, farm, factory, street, of etc.)	n or about 21 G. WHERE DID (If I	S. WERE FINDINGS CONSIDERED VING CAUSES OF DEATH? In Boltimore City, give exact location)
Q 21D. TIME (Month) (Doy) (Year) OF INJURY (APPROX.)	While At Not While	216. HOW DID INJURY OCCUM	?
22. I certify that (K) (this hospito that (K) (we) lost sow the deceas and hour and from the causes sta	Work At Work	19.72 ond that in (mg) (our) opinion death occurred on the date
23A. SIGNATURE			23B. DATE SIGNED
M. Sarkarat	DEGREE Phys		:- 4/23
MEHDI SAR	KARATI M.D.	Johns Kople	us Hospida
AA. BURIAL CREMATION. 24B. DATE REMOVAL (Specify)	24C. NAME of CEMETERY OF CRE	MATORY 24D. LOCATION	(City, town, or county) [State)
Burial 472	258. NAME OF RESISTRAR	Hurlock Hurlock	Dor Md ADDRESS /
APR 26 1972 32	Gert E. Janber M. a.	Kuth on Thillough	they cost New Merket, one

B

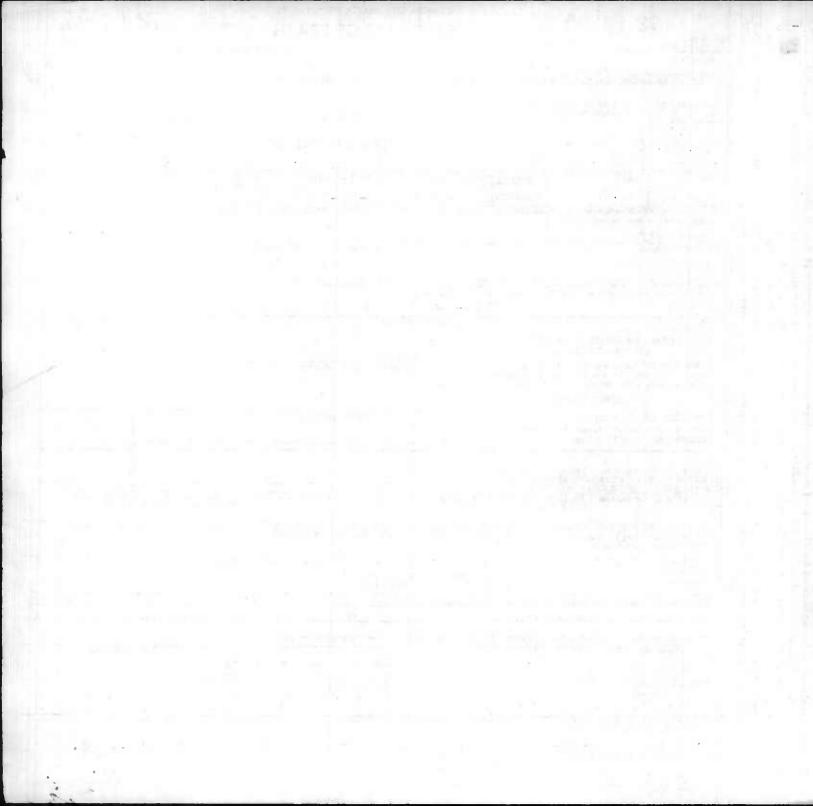


RIE	RTH NO.	2 04004		BALTIMORE CITY CERTIFICA	HEALTH DEPAR		REG. N	o. 72	640	04		
1,1	NAME OF DEC	EASED			2. DATE AND HOUR OF DEATH							
1100	pe or Print)	Katie M	ORNIN	3		A	pril 24,	1972	1	12:50 P M		
	PLACE IN BAL	TIMORE MARYLAND, W			A. STATE Maryland	B. COUN	e deceased live	d. If Institution	residence	before admission)		
HH	OSPITAL OR STITUTION	ADDRESS OR LOC	AL OR IN ATION)	STITUTION, GIVE STREET	C. CITY OR TOWN	M	10	. INSIDE CITY	(11447762)	104		
1111	SHIOHON	Century Ho	me, In	nc.	Baltimore			YES		мо П		
H	00	102 N. Pac	a Stre	eet	E. STREET AND I			153		ио 🗌		
	10	Baltimore,	Mary.	land	1111 81	so t		tract	1 1 :	t.		
5.	SEX P	6. RACE		ED NEVER MARRIED	8. DATE OF BIRTH 5-1-96	i i	9. AGE (In year last birthday)	5 II Un Month	der 1 Yr.	(If Under 24 His.		
104	_		WIDOW	OF BUSINESS OR INDUSTRY								
dor	to during most of	working life, even il retired)	IOB, KINL	OF BOSINESS OK INDUSTRE	North (12. C	ITIZEN OF	WHAT COUNTRY		
	FATHER'S NA				14. MOTHER'S M							
					37 - 3 3 4							
15.	Was Deceased	Ever in U. S. Armed For	cos?	16. SOCIAL	Nellie 17. INFORMANT	Fork	ner		4 5 5 5			
(Ye	s, no or unknown	(If yes, give wer or dole	s of service	SECURITY NO.	INTOXMAN				ADDRE	599		
		0		215-22-1712	Edward	Morn	ing 101	1 Bren	twoo	d Ave.		
	18. CAUSE OF DEATH APPROXIMATE INTERVAL SETWEEN ONSET AND DEATH											
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Cardis Requisitory Tarley											
	(This does not mean the made of dying, e.g.,											
	heari failure,	asthenia, etc. it means	the disea	Fear	* tan	ling						
		plication which caused			THE CUAN							
		ANTECEDENT CAUSES		Bute	ward							
		OR CONDITIONS, II			A CONSEQUENCE		00'1					
rise to the abave cause IA) stating the UNDERLYING CONDITION last. (c) DIASETE Mollichae								4				
_	11											
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL											
AT	DISEASE OR C	ONDITION GIVEN IN PAR										
CERTIFIC	19A DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION 20A AUTOPSY? (Yes or No.) 20B IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?									DERED		
CAL	OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bidg., INJURY OCCUR?									ocoilon)		
MEDI	21D. TIME OF INJURY	(Month) (Doy) IYeoil	[Houd	21 & INJURY OCCURRED	21 F. HOV	M DID INT	URY OCCUR?					
2	OF INJURY While At Not While Mark Not While At Work											
	/ A											
	in the date											
	and hour and from the causes stated abave. (i) (**********************************											
	A GO TO THE STATE											
	Piys. Director Phys. L											
	23C.PHYSICIA NAME (T	ypel			23D. ADDRESS	A	1.	n 1				
	Willand Popleters 6615 Menterstam No.											
24/	A. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stote)											
	Burial	4-28-	72 1	Mt Calvary Ce	meterv	Ann	e Amind	el Ctv	M	đ.		
254		BY HEALTH DEPT.	258. NAN	LE OF REGISTRAR	25C. FUNERAL	DIRECTOR		-0	ADD	RESS		
			881	laiber MA	Wm 6 1	March	928 E	. Nort	h Av	e.		
VS	150-REV. 1/1/	8			, ,							



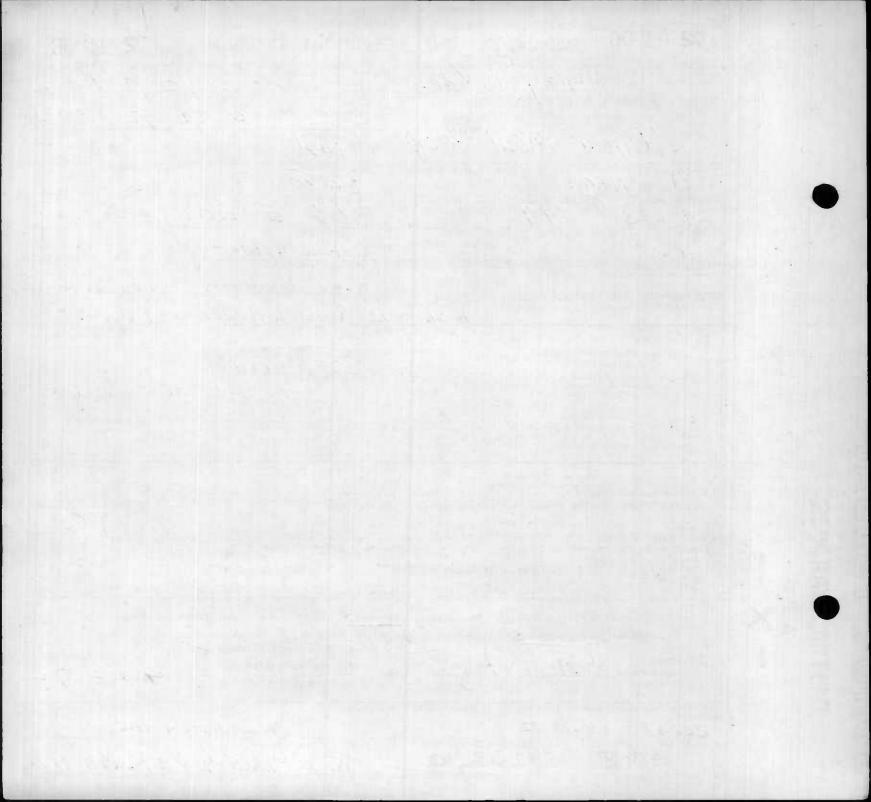
FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the haspital by a medical examiner. Also, if the direct or cantributing cause of death 1 shows: (1) An accident of any nature; (2) Bady burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pranounced death was in regular attendance on the deceased prior to death); and (6) Na physician was in regular attendance an the deceased prior to death. Such written appraval must be obtained befare the remains are embalmed or final dispasitian is made.	
	This certificate must be app the body was released ta the shows: (1) An accident of an was D.O.A. at a hospital (e deceased prior to death); a	

BAI 1150 CONTOCK	LTIMORE CITY HEALTH DEPARTMENT						
W 4202 04005 CE	RTIFICATE OF DEATH X REG. NO. 72 04005						
1. NAME OF DECEASED (Type or Pant) CORR. A. M.F. 115	2. DATE AND HOUR OF DEATH (L - 24 - 19071 1) A M.						
3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DE	A STATE B. COUNTY B. COUNTY						
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVEN ADDRESS OR LOCATION)	ve street Maryland Baltimore						
HOSPITAL OR ADDRESS OR LOCATION) Baltimore City Hospitals	b. Nasibe Cit Emilist						
k940 Eastern Avenue	E. STREET AND NUMBER						
Baltimore, Maryland 21224	2501 Sycamore Avenue 21219						
5. SEX 6. RACE 7. MARRIED NEVER							
T CHEATE INCETO	IVORCED 6-20-12 59						
IOA. USUAL OCCUPATION (Give kind of work) 108, KIND OF BUSINESS done during most of working life, even # refired)	OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?						
Housewife	Virginia U.S.A.						
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
James Bailey	Josephine Newby						
15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIA (Yes, no or unknown] (If yes, give war or dates of service) SECU	17. INFORMANT 4940 Eastern Avenue DRESS						
	Paltimone Manyland 21221						
	USE OF DEATH APPROXIMATE INTERVAL						
DISEASE OR CONDITION DIRECTLY	intracranical Hemorrhage DA box						
LEADING TO DEATH	IMMEDIATE CAUSE 24 hrs.						
(This does not mean the mode of dying, e.g., heart failure, authenta, etc. it means the disease,	DUE TO, OR AS A CONSEQUENCE OF:						
Injury or camplication which caused death.)	Hannida Lyro						
ANTECEDENT CAUSES	trypertention 3/13.						
DISEASES OR CONDITIONS, If any, giving	DUE TO, OR AS A CONSEQUENCE OF:						
rise to the above cause (A) stating the UNDERLYING CONDITION last. (C)							
(C)							
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING							
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).							
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 179-LOATE OF OPERATION 179-L CONDITION FOR WHICH OF WAS PERFORMED 214-ACCIDENT WAS UNDERLYING 1218 PLACE OF	PERATION 20A AUTOPSY? (Yes of No.) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?						
	FINJURY Ie.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact location) octory, street, office bidg., INJURY OCCUR?						
D 21D-TIME (Month) [Doy) (Year) [Hour) 21E INJURY C	CCURRED 215. HOW DID INJURY OCCUR?						
	While At Not While At Work						
22. I certify that (1) (this hospital) attended the deceas							
that (I) (we) lost sow the deceased alive an							
and have and from the causes stoted abave. (1) (We) (di							
23A. SIGNATURE	238, DATE SIGNED						
Ch. shi	Attending Med. Stoff Stoff						
23C PHYSICIANS	DEGREE Phys. Director Phys. L.L.						
23C.PHYSICIAN'S NAME Type)	M) 4940 Eastern Avenue Batimore, Maryland						
24A. BURIAL CREMATION, 24B. DATE 24C, NAME of CE	DEGREE BOLF WORL TO DE TOUR 21221 EMETERY OF CREMATORY 24D. LO CATION / ICity, town, br county) (Stote)						
REMOVAL (Specify)							
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTR							
APR 26 1972 Wales E. Jaben, M.							
VS 150-REV. 171768							

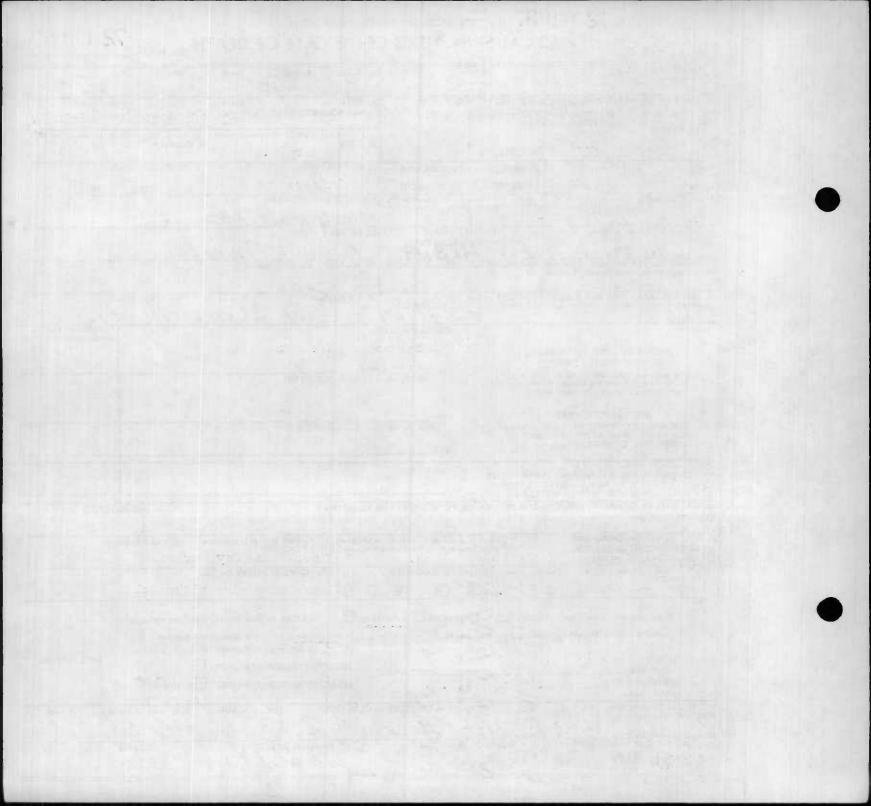


BALTIMORE CITY HEALTH DEPARTMENT

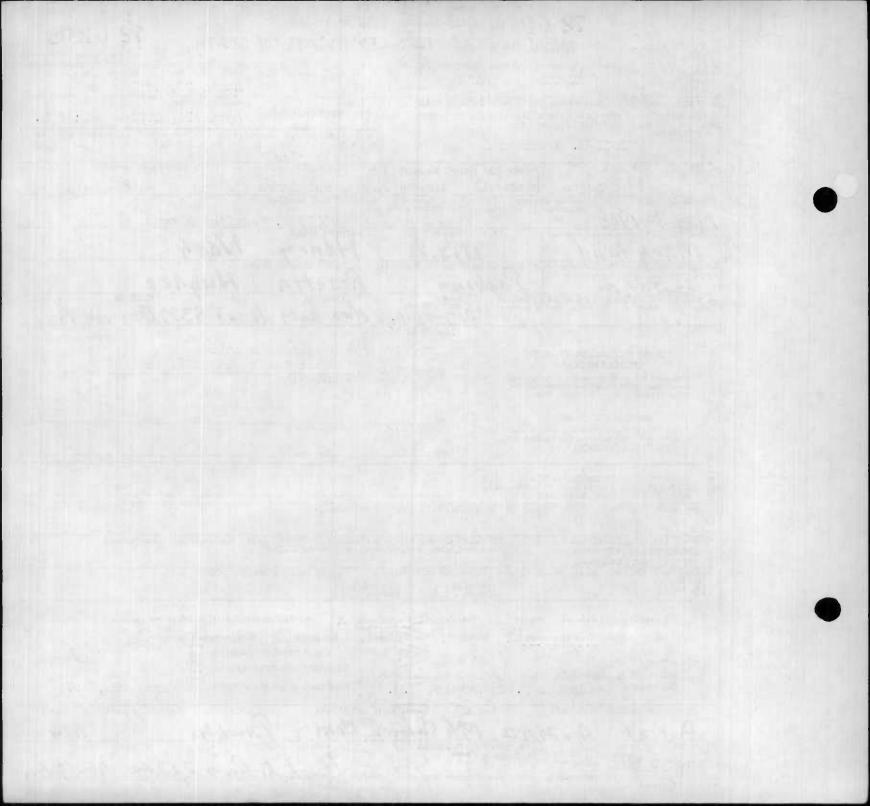
72 04006 MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG.	No 72 04006
BIRTH NO.	
1. NAME OF DECEASED Henry Holden 2. DATE Known Manth Day (Type or Print) Henry Holden 2. DATE Stimoted & 4 2	2 72 House Am.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET PRONOUNCED DEAD 2.7	77 Hayr
HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION S. USUAL RESIDENCE (Where deceased lived. If inst	itution: residence before admission)
44 Chion Mem, Hosp. A. STATE M. B. COUN	1205
8. MARRIED NEVER MARRIED C. CITY OR TOWN WIDOWED DIVORCED D	YES NO D
9. DATE OF BIRTH 2-17-23 Plast birthday 9 Manths Days Haurs Min. 306 E Lan	vale st.
11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAME COLVIN Holder	
14A. USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME	
Ruby Robinson	Winnshow N.C
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 17. SOCIAL SECURITY NO.	ADDRESS
CAUSE OF DEATH	PH 1 Box 138 APPROXIMATE INTERVAL
7 - 7 1	BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIATE CAUSE SOUND AND LOUIS	
	and hono
injury ar complication which coused death.)	emushape
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B)	e-d
(C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED	21. AUTOPSY? (Yes or No)
	70
228. PLACE OF INJURY (e.g., in ar about 22C. WHERE DID (If in Baltimare City, gi Numberlying or contribution of Cause of Death.	ve exoct locotion) °
22D. TIME (Month) (Day) (Year) (Hour) 22E.INJURY OCCURRED 22F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE	
(APPROX.) m. WORK AT WORK	
I certify that I held on Inquiry Inspection Autopsy and that on this bosts, death in	n my opinion
resulted fram; Notural couses . Accident . Suicide . Hamicide . Undetermined man	
Opping CHIEF MEDICAL EXAMINER	DATE SIGNED
SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER	4.22.72
EXAMINER'S ASSOCIATE MEDICAL EXAMINER L	/ /
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City	y, town, or caunty) (State)
REMOVAL (Specify) Burial 4-28-72 WILMINGTON	N, N.C.
25A, DATE REC'D BY HEALTH DEPT. 25B, NAME OF REGISTRAR 25C, FUNERAL DIRECTOR	ADDRESS
APR 26 1972 Robert E. Faiber, M.D. WM.C. MARCH 928	ENORTH AVE
VS 151-REV. 1/1/68	



	EALTH DEPARTMENT	72 04007									
BIRTH NO.	CERTIFICATE OF DEATH REG. NO.	12 09001									
1. NAME OF DECEASED (Type or Print)	2. DATE Known Month Day	Year Hnur									
ERNEST MOODY Jr	DEATH Estimated L	M									
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	PRONOUNCED DEAD April 16, 1972	Yeor Hour 1:10 A.									
OR INSTITUTION ADDRESS OR LOCATION	5. USUAL RESIDENCE (Where deceased lived. If Institution										
JOHNS HOPKINS HOSPITAL	A. STATE Maryland B. COUNTY	802									
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CI	TY LIMITS?									
Male Negro WIDOWED DIVORCED		s No									
1 (lost birthday) 4 4 Months Days , Haurs , Min.	E. STREET AND NUMBER										
11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF	13. FATHER'S NAME	0									
Scarlott Much MP WHAT COUNTRY?	I runt mushy	X t.									
14A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTR	Y 15. MOTHER'S MAIDEN NAME	A /U									
Labarir	Lula:										
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no peunknown) (If yes, give war or dotes of service) SECURITY NO.	18. INFORMANT	DORESS									
19. CAUSE OF DEA	Mr. Kalph Shackley 190	APPROXIMATE INTERVAL									
Ctch -	ound of chest	SETWEEN ONSET AND DEAT									
LEADING TO DEATH											
(This does not mean the mode of dying, e.g., heart follure, asthenia, etc., it means the disease,											
Injury or camplication which caused death.)											
ANTECEDENT CAUSES (B)											
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.											
UNDERLYING CONDITION LAST. (C)											
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING											
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).											
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W.	AS PERFORMED	21. AUTOPSY? (Yes or No)									
		yes									
UNDERLYING DOR CONTRIB- hame, farm, factory, street, affice	in or about 22C. WHERE DID (if in Baltimare City, give example bldg., etc.) INJURY OCCUR? North and Gay Street	t location)									
22D. TIME (Manth) (Day) (Year) (Hour) 122F INTIFY OCCURRED	22E HOW DID INJURY OCCURS	0.00									
OF INJURY (APPROX.) 4-16-72 12:15 Am. WHILE AT WORK AT W	WHILE Stabbed during altercat	ion									
23.											
l certify that I held an Inquiry Inspection Au resulted fram: Natural causes Accident Suicio											
resulted from: Natural causes Accident Suicio	Homicide Undetermined manner C	1									
SIGNATURE AND MICHAEL MET	ASSISTANT MEDICAL EXAMINED	DATE SIGNED									
EXAMINER'S Ronald N. Kornblum, M.D. NAME (Type)	ASSOCIATE MEDICAL EXAMINER 4/16	1.72									
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY REMOVAL (Specify)	or CREMATORY 240. LOCATION (City, town,	ar county) (State)									
Burial 4-24-72 mt lluba	in Cem. Westout Ba	timu ms.									
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR AL	DRESS									
APR 20 19/2 Velence & Marie 74.8.	Jesiph L. Muss 22.2	2n. nouta									
V > 1/2 1/2 1/2	3002										



N-200		MEDI MEDI		-	MINE					DEATH	REG.	No	72 0	4008	3
1. NAME OF DECE	ASED M	ITCHE		NAS	Н		2. DATE OF DEATH		n DX	Month April	20,	197	Year 2	Hour	м.
4. PLACE IN BALTI FULL NAME OF HOSPITAL					CED DEAD GIVE STREET		3. DATE	DUNCED D	EAD	Month April	20,	197	Yeor 2	3:40	
OR INSTITUTION	3323 W	. Gar	risor	Ave	nue		A. STATE	Mary1		deceased live	ed, if Insti		residence b	pefore odmi	ssion)
	. RACE				IEVER MARR		C. CITY O	RIOWN			D. INSI		LIMITS?		
Male 9. DATE OF BIRTH	Neg	AGE (In	WIDOW	If Under	DIVOR	24 Hrs.	E. STREET	Balti AND NU				YES		NOL	
May 30,	1908 10	osi biethday 64	63	Months	Days Haurs	Min.		3323	W. Ga	rrison	Ave	nue			
Mary 4	land	country)		WHA	T COUNTRY	3	13. FATHE	ENK	4	Nas	04				
JAA.USUAL OCCUP			4B. KIND	OF BUSI		DUSTRY	15. MOTH	11	OEN NAM	1+4	940	es			
16. WAS DECEASED Yes, no as unknawn)	D'EVER IN U.S	or dates o	FÓRCES service)		SOCIAL SECURITY I	NO.	18. INFOR	RAY	4 16	149	332		PRESS	n A	Vy
(This does not heart failure, confidence of the failure, confidence of the failure of the failur	OR CONDITION OF THE PROPERTY O	DEATH and of dylineans the coursed deal AUSES NS, IF ANY, E (A) STATI N LAST.	GIVING THE	ING	DUE	EDIATE C TO, OR A		card QUENCE C	iovas F:	erotic cular	dise	ase		TEN ONSET	
DISEASE OR C	H BUT NOT RECONDITION GO	VEN IN PA	RT 1 (A)-		ICH OPERAT	TION WA	S PERFOR	MED					21. AUTO	PSY? (Yes	or No)
													Ye		
UNDERLYING		18-		22B. PLAC	m, lactory, sle	RY(e.g., reet, alfice	in or obaut bldg., etc.)	22C. WHE	RE DID (il in Baltiman	City, gh	ve exact	location)		
UTING CAUSE OF DEATH. 22D. TIME (Manth) (Day) (Year) (Hour) 22E.INJURY OCCURRED 22F. HOW DID INJURY OCCUR? (APPROX.) WHILE AT WORK AT WORK									HA						
	R'S Ch	le S arles	K see] In Accid	spection [dent gate,]	Sulcid	opsy X	domicide	EDICAL E	XAMINER	ed man	ner 🗀]	DATE SIG 1972	
24A. BURIAL CREM REMOVAL (Specify 25A: DATE REC'D B		DATE	1972	24C. N	AME of CE	luer	y do	ORY FUNERAL	13	tookly	11	10	or county)	Ma	ofe)
APR 26 1	972 Pa	Ben E	Jak	100	O DI KAK		1	(Deak	1 /	Rum	23	22	4/1	bats	R
							-		7						100



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

B-623 72 04009 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH REG. NO.	72 04009
I. NAME OF DECEASED (Type or Print RIGHT, ROLLIN W. 2. DATE AND HOUR OF DEATH LIVE TO THE ROLLIN W.	1 3.000
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, Il institution A STATE AND B. COUNTY FILE TO BE COUNTY FIL	in: residence before admission)
1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	HOME SO
NORTH CHARLES GEN. HOSP. BALTIMORE, MD YES E. STREET AND NUMBER	NO [
21228 73 GhVNC	ON DRIVE
Mon lost birthdoy) Mon	nder 1 Yr. If Under 24 Hrs. ths Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work) 10B, KIND OF BUSINESS OR INDUSTRY 11A BIRTHPLACE (State of Jorgian Country)	CITIZEN OF WHAT COUNTRY?
RETIRED MARYWAND	U.S.A.
-7/- WANTER WANTER TO MANTER TO MANT	
15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL SECURITY NO. 17. INFORMANT	ADDRESS
NONE 215-01-634T NORTH CHARLES GEN: +	100 P
18. 3/9 3 CAUSE OF DEATH	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASÉ OR CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIATE CAUSE CONSON ATTIVE from formats	3 down
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. 11 means the disease, injury or complication which caused death.)	
ANTECEDENT CAUSES	mulas
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stalling the	
UNDERLYING CONDITION last. (c). Chavie distinctive live	years
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 204. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDIN IN CERTIFYING CAUSES OF	GS CONSIDERED OF DEATH?
OR CONTRIBUTING CAUSE OF HOLD CONTRIBUTING CAUSE OF CAUSE OF CONTRIBUTING CAUSE OF CAUSE	give exact location)
21D. TIME (Month) (Doyl (Yeor) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	
(APPROX.) Work At Work	6
22. I certify that (I) (this hospital) ottended the deceased from 19 12 to that (I) (we) last saw the deceased allve on 19 12 and that In (my) (our) opinion deceased allve on 1	eath occurred on the date
and hour and from the couses stated above. (1) (We) (did) (did not) view the body after death.	out occored on the dots
23A. SIGNATURE 23B. C	DATE SIGNED
23C. PHYSICIAN'S NAME (Type) Attending Med. Stoff Phys. Director Phys. 23D. ADDRESS	-/18/72
VEEND SATHERAKUL M.D. DEGREE NORTH CHARLES	1EN 1900 L
124A BURIAL CREMATION DATE	n, or county! (Stote)
25A. DATE REC'D BY HEALTH DEPT. 125B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR	E 8, Md.
APR 26 1972 Obbert E. Jarber M.D. Harp H. Mewell. Inc. 110	o Restutoun Ra

318/92 25 Glyndon Dr. Reisterstown, Ald,

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

.40	BALTIMORE CITY	HEALTH DEPARTMENT	-4	
M-525 72 04010	CERTIFICA	TE OF DEATH	REG. NO	72 04010
NAME OF DECEASED ITYPE OF PINT MONAGHAN, ELVA DELLA		APR		4:45 A. M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PI	ONOUNCED DEAD	A. STATE & COL	here deceased lived. If in	stitution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR II HOSPITAL OR ADDRESS OR LOCATION)	NSTITUTION, GIVE STREET	MAR YLAND	BALTIMOR	RE COUNTY
ST AGNES HOSPITAL		PIKESVILLE		YES NO KX
40		4232 MILF	ORD MILL RO	DAD 21208
5. SEX 6. RACE 7. MAR	RIED X NEVER MARRIED	8. DATE OF BIRTH	9. AGE Un years	THURSDAY CONTRACTOR
FEMALE CAUCASIAN WIDO	WED DIVORCED	03-17-03	lost birthdayl	Months Doys Hours Min.
IOA, USUAL OCCUPATION (Give kind of work 108, KIN done during most of working life, even if refired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLA CE ISlate or fo		12. CITIZEN OF WHAT COUNTRY?
HOUSEWIFE OV	NN HOME	MAR YLAND		USA
13. FATHER'S NAME		14 MOTHER'S MAIDEN N	AME	
/}	TARTIN	/	YINNIE ST	TIP
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) lif yes, give wor or dates of serv	16. SOCIAL	17. INFORMANT DE	CORDIS RAI	TIMOREDIMD 21229
NO MOLE	2/1-05-1405	ST AGNES HE	DSPITAL WIL	KENS & CATON AVE
18. 1 8 2 1	CAUSE OF DEAT	Y	4	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY	Congo	stine Heart	Lailure	BETWEEN ONSET AND DEATH
(This does not mean the mode of dying,	(A) IMMEDIATE CAL	A CONSEQUENCE OF:		******************************
heart failure, asthenia, etc. It means the dis- injury or camplication which caused death.)	ease,	A CONSEQUENCE OF:	^	
ANTECEDENT CAUSES	Chronie	Costructive	() d:	
DISEASES OR CONDITIONS, if any, gi	(B) DUE TO, OR AS	A CONSEQUENCE OF:	xung cus	low.
underlying condition last.	the (c) Chro	me ronal &	Jailine	
		- //		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTE TO THE DEATH BUT NOT RELATED TO THE TERM! ODISEASE OF CONDITION GIVEN IN PART 1 (A).	NG NAL			2
	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or)	No. 208. IF YES. WERE	INDINGS CONSIDERED
WAS PERFORMED		NO	IN CERTIFYING CAL	JSES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH Inotify medical examined	21B. PLACE OF INJURY (e.g., i home, form, factory, street, of etc.)	n or about 21C. WHERE DID fice bldg., INJURY OCCUR?	(If In Soltimore	o City, give exact lacation)
OF INJURY (Month) Doyl (Year) Hour	21E INJURY OCCURRED	21 F. HOW DID IN	JURY OCCUR?	
E IAPPROX.)	While At Work Not While	• 🗆 📗		
22. I certify that (1) (this hospital) attend		RIL 21.	19 72 to APR	IL 26. 1972
that (1) (we) last saw the deceased alive	on APRIL 26.	19.72ond 1		nion death occurred on the date
and hour and fram the causes stated above	re. X (Y (We) (did) X(4)出分分)			
23A, SIGNATURE	AA AAAAA			238 DATE SIGNED
7.5 2	DEGREE Phys	nding Med.	Shaff Phys.	4/26/12
23 C. PHYSICIAN'S NAME (Type)	D. OHLL)	23D. ADDRESS	BALTI	MORE MD 21229
Joung SOON	Lee 11.V.	ST AGNES HOSE	PITAL WILKE	NS & CATON AVE
24A. BURIAL EREMATION, 24B. DATE 24	C. NAME OF CEMETERY OF CRE	MATORY 24D.	LOCATION (Cit	y, town, or county! (State)
Bureal april 191978	Woodlawn a	meller 1	bodlews	1 Ballio Nex!
APR 26 1972 258 N	ME OF REGISTRAR	25C. FUNERAL DIRECTO	Van A	ADDRESS AL
VS 150-REV. 1/1/68	7 Pag (1)	Transie V	//llwell,	preserver ceo, mo

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J. TINCOMPASSION TO

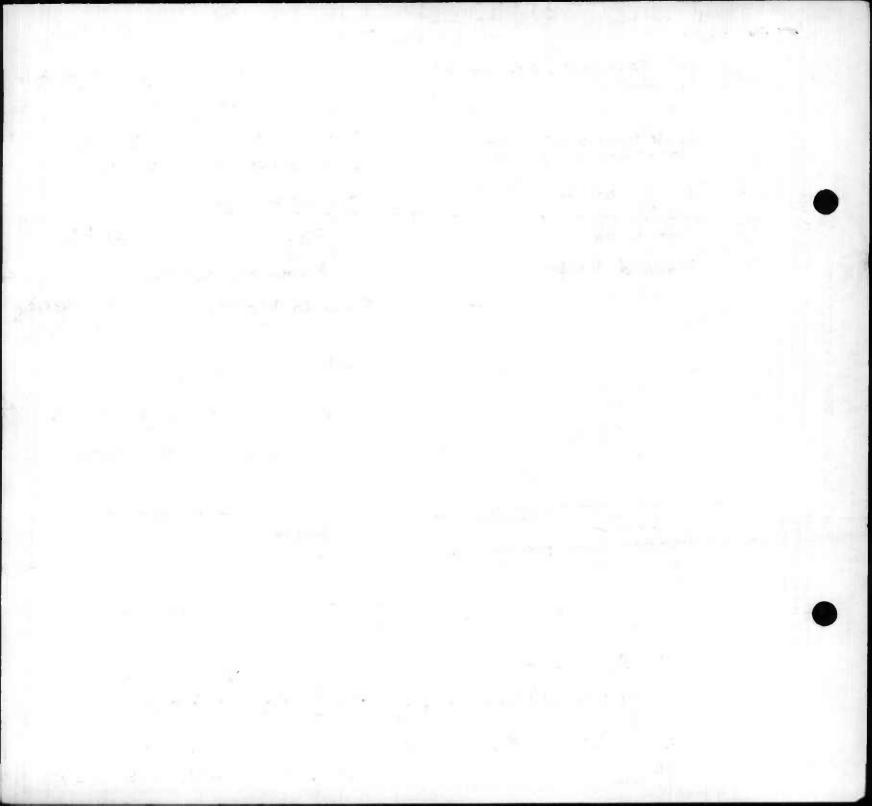
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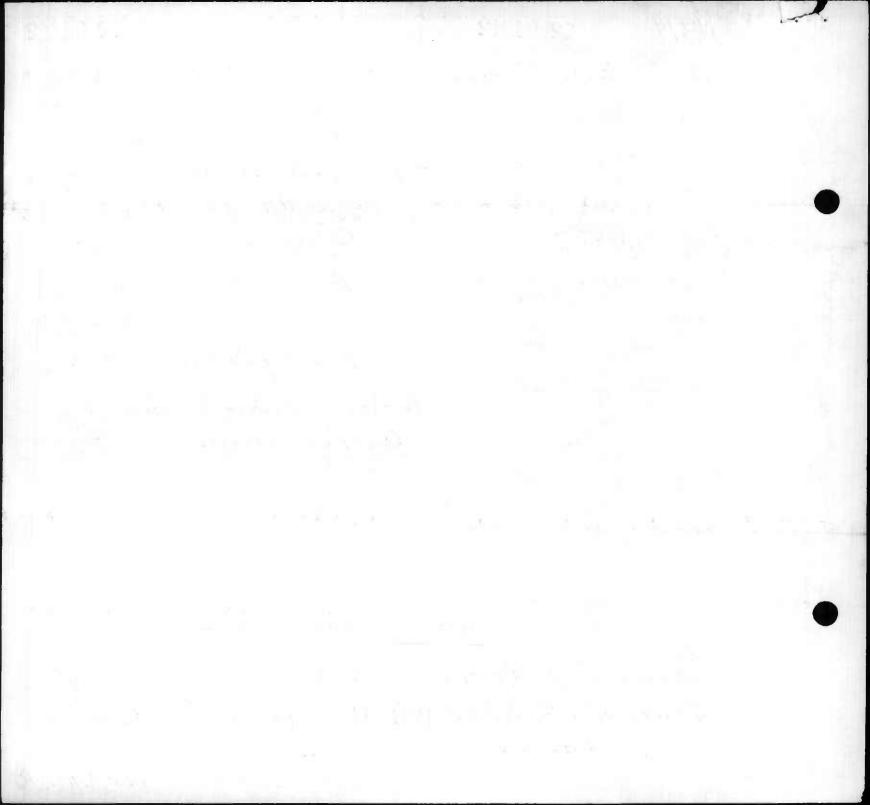
THE PARK SE

	CERTIFICA	TE OF DEATH REG. NO. 72 04011
	AME OF DECEASED TACKSON . MRS. PHOEBE . I.	2. DATE AND HOUR OF DEATH 23 APR. 72 8-45 A
FUL HO IN S	LL NAME OF SPITAL OR INSTITUTION. GIVE STREET ADDRESS OR LOCATION) HURCH HOMES HOSPITAL 150 N. Broading, Baltware Ho	4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission a STATE B. COUNTY C. CITY OR TOWN D. INSIDE CITY LIMITS? YES NO E. STREET AND NUMBER
5. \$1	EX 6. RACE 7. MADDIED TO NEVER MADDIED	8. DATE OF BIRTH 9. AGE (In years II Under 1 %, If Under 24 Hrs
	WILL WIDOWED DIVORCED	10-23-192 ast birthdoy Months Doys Hours Min.
done	USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY during most at working life, even if refired)	PA . 12. CITIZEN OF WHAT COUNTR'
13. F	Howard Root	14. MOTHER'S MAIDEN NAME A WOUND A SOUTH
15. V (Yes,	Vas Deceased Ever in U. S. Armed Forces? In o or unknown) (If yes, give wor or doles of service) 16. SOCIAL SECURITY NO. 188 03 8307	17. INFORMANT ADDRESS
NO	DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION tast. (B) DOSES: DUE TO, OR AS (C) (C)	ISE Respiratory and Cardiac ? A CONSEQUENCE OF: Feiture ble Caranoma Rt. lung 14 car A CONSEQUENCE OF:
CERTIFICA	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 194- DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLITING OR CONTRIBUTING CAUSE OF DEATH (notify medical examines) 21B. PLACE OF INJURY (e.g., in home, form, faciory, street, of etc.)	20A AUTOPST? (Yes or No) 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? n or about 21C, WHERE DID INJURY OCCUR? (II In Boltimore City, give exact location)
WEDI	21D. TIME (Manth) (Doy) (Year) (Hour) 21E, INJURY OCCURRED OF INJURY (APPROX.) While At Work At Work	21F. HOW DID INJURY OCCUR?
1	22. I certify that (i) (this hospital) attended the deceased from	The delivery of the delivery o
	OCCUPATION OF THE PROPERTY OF	nding Med. Stoff M 23B, DATE SIGNED OG-23-72
24A.	DEGREE	MATORY 24D. LOCATION (City, town, or county) (Stole)
25A.	APR 28 1972 Res C. Jabes Mane of REGISTRAR	John C. Miller Inc-6415 Belaik Road-21206



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	V-614 72 04	1117	Y HEALTH DEPARTMENT	BEC NO	72 04012
Bh	TH NO.	CERTIFICA	TE OF DEATH	REG. NO	12 09016
	PO OF Print	11 N/ (111	HOUR OF DEATH	. 0
3.	PLACE IN BALTIMORE, MARYLAND, WHERE P	entha Wort	4. USUAL RESIDENCE (Where A. STATE B. COUNT	deceased lived. Il institution	n: residence before admission)
FEE	LL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCATION)	INSTITUTION, GIVE STREET	1	n d	735 TY LIMITS?
1	3400 Nonther	n Pankani	E. STREET AND NUMBER	ORE YES	ON C
5.		RRIED NEVER MARRIED	8. DATE OF BIRTH 19.	AGE (In years III U	ank-nay
	- MAR	WED DIVORCED		st birthdoyl Mon	inder 1 Yr. If Under 24 Hrs. ths Doys Hours Min.
10/	. USUAL OCCUPATION (Give kind of work 108, KIN		11. BIRTHPLACE (Stote or loreign	72	CITIZEN OF WHAT COUNTRY?
dor	during most of working life, even if retired)		Calvert (1 1/1	1101
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAM	-0, 17\d,	N.J. A.
1	Convelius In		E1.	r -	
15.	Was Deceased Ever in U. S. Armed Forces?	16. SOCIAL	17. INFORMANT	FLURN	ADDRESS
1	No of disknown at yes, give wor or dotos of ser	SECURITY NO.	N 11 1 1	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	0
1	18.4//231	CAUSE OF DEAT	HAS. Nazel	Wehkmar	- Jame
	DISEASE OR CONDITION DIRECTLY		. 11		BETWEEN ONSET AND DEATH
	LEADING TO DEATH	(A)IMMEDIATE CAL	ISE Hearta	lun	3whs
	lThis does not mean the mode of dying, hoort foilure, asthenia, etc. It means the dis	0.0	A CONSEQUENCE OF:	*****************	to an accessor
	injury or complication which caused dooth.) ANTECEDENT CAUSES	b	1 0- +	- 1 10	
	DISEASES OR CONDITIONS, if any, g	(B) DUE TO OR AS	A CONSEQUENCE OF:	re Navida	my.
	rise to the obove couse (A) stoling	the Date of the	A consequence on		3/4-0
	UNDERLYING CONDITION lost	(c)	merorece	~~~	140)
8	OTHER SIGNIFICANT CONDITIONS CONTRIBUT	ING			
ATI	TO THE DEATH BUT NOT RELATED TO THE TERMI DISEASE OR CONDITION GIVEN IN PART 1 (A).	************		************	P90 (070-070000 00 000 000 000 000 000 000 0
CERTIFICATION	19A-DATE OF OPERATION 19B CONDITION WAS PERFORMED	FOR WHICH OPERATION	20A. ANTOPSY? (Yes ar No)	208. IF YES, WERE FINDIN IN CERTIFYING CAUSES O	GS CONSIDERED DE DEATH?
CAL	21A. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (notify medical examined	21B PLACE OF INJURY (e.g., i homo, lorm, foctory, street, of etc.)	n or obout 21 C. WHERE DID fice bldg., INJURY OCCUR?	(If In Boltimore City,	give exoct locotion)
	21D-TIME (Month) (Doyl (Year) (Hour) OF INJURY	21E INJURY OCCURRED	21F. HOW DID INJU	Y OCCUR?	
2	(APPROX)	While At Work At Work	· 🗆		
	22. I certify that (I) (this haspital) attend		9 19	60 to 4	120 1072
	that (I) (we) last saw the deceased alive				eath accurred on the date
	and haur and from the causes stated above	ve. (!) (We) (dld) (dld nor) v			
	23 ACT STOWN AT URE	N		238. D	PATE SIGNED
1	Lound h Kag	DEGREE Phys	Director L Ph	off ys.	4/4/2
	PACE PHYSICIAN'S NAME (Type)		23D. ADDRESS	/ 10 1	
244	BURIAL CREMATION, 1248, DATE 124	hter mill	3128 Han	Lend Kd	85 et Md
1	REMOVAL (Specify)	IC. NAME OF CEMETERY OF CRE	MATORY 24D. LOC	TION (City, town	or county) (Stote)
25A	DATE REC'D BY HEALTH DEPL 258 NA	Edinlands C	hapel Cen		
	1	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	M.// 7	ADDRESS ()
VS	50-REV. 1/1/6B		LINGSAI C.	Millen. Frc. "	6415 /Je/air /4



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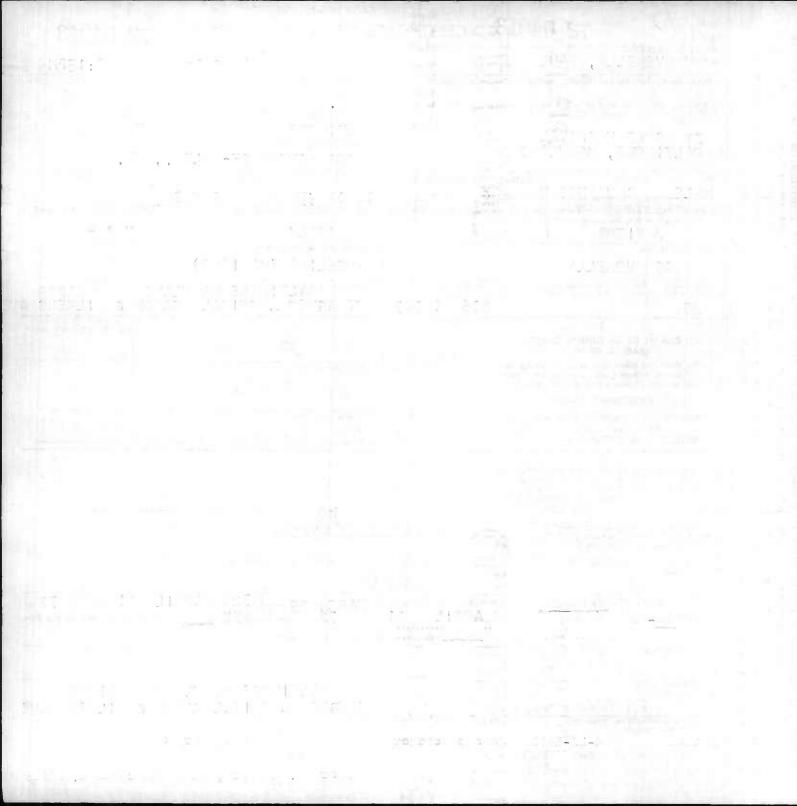
VS 150-REV. 1/1/68

MAK

1	1 1	BALTIMORE CITY	HEALTH DEPARTMENT		
	72 0401	3 CERTIFICA	TE OF DEATH	REG. NO.	72 04013
1. (T)	PAUL PAUL		2. DATE AN	4 21 72	1 6:15PM M
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRO	DNOUNCED DEAD	4. USUAL RESIDENCE (Whe	re deceased lived. Il inst	
III H	JLL NAME OF (IF NOT IN HOSPITAL OR IN OSPITAL OR ADDRESS OR LOCATION) STITUTION	C. CITY OR TOWN		E CITY LIMITS?	
10	ST AGNES HOSPITAL BALTIMORE, MARYLAND		BALTIMORE E. STREET AND NUMBER 2001 ASHTON	N ST-BALTO.	YES NO .
5.	SEX 6. RACE CAUCAUSIA WIDON	NEVER MARRIED	8. DATE OF BIRTH 12 17 98 98	% AGE (In years last birthday) 73 YRS	If Under 1 Ye. If Under 24 Hrs. Months Doys Hours Min.
	A USUAL OCCUPATION (Give kind of work 108, KIN) ne during most of working life, even if refired) JANITOR				US A
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
	ROCCO VONELLA		ANGELINA (N	MARIONO)	
15,	Wee Deceased Ever in U. S. Armed Ferces? es, no or unknown) (If yes, give war or dates of servi NO	16. SOCIAL SECURITY NO. 216 01 7274	ST AGNES HO	MORE MARYLA	AND ADDRESS 21229 ATON & WILKENS A
АПОМ	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, ginse in the above cause (A) stating UNDERLYING CONDITION last. 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTE TO THE DEATH BUT NOT RELATED TO THE TERMINED DISEASE OR CONDITION GIVEN IN PART 1: (A).	(c) 6 c	A CONSEQUENCE OF: ASTRIC GARA	cinoma	
ERTIFIC		OR WHICH OPERATION	NO	IN CERTIFYING CAU	INDINGS CONSIDERED
CALC	121A. A CCIDENT WAS UNDERLYING	218 PLACE OF INJURY (e.g., home, farm, factory, street, of etc.)	n or about 21C. WHERE DID fice bldg., INJURY OCCUR?	(If In Boltimare	City, give exact location)
MEDI	21D-TIME (Month) (Day) (Year) (Haud) OF INJURY IAPPROX.I	21.5 INJURY OCCURRED While At Not While Work At Work		IURY OCCUR?	
	22. I certify that (() (this hospital) attend that (() (we)-lost saw the deceased alive and hour and from the couses stated above	on APRIL 21	19 72 and th		L 21 19.72 ion death occurred on the date
	23A. SIGNATURE Strutiga	Phy	nding Med.	Staff Phys.	23 B. DATE SIGNED 4.21.12
	23C. PHYSICIAN'S NAME (Type) NICHOLBS STRI	9716AK15,000,000	ST AGNES HOS	DRE MARYLAN	D 21229 N & WILKENS AVE
24	A. BURIAL CREMATION, 24B. DATE 24 REMOVAL (Specify)	C, NAME OF CEMETERY OF CR	MATORY 24D. I	LOCATION (City	y, town, or county) (State)
	Burial 4-25-1972	Savage Cemetery	S	avage, Maryla	and
25	ADD 2 6 1972	ME OF REGISTRAR	25C. FUNERAL DIRECTO	R	ADDRESS

Howard H. Hubbard

4107 Wilkens Ave.



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the written approval must be obtained before the remains are embalmed or final disposition is made.

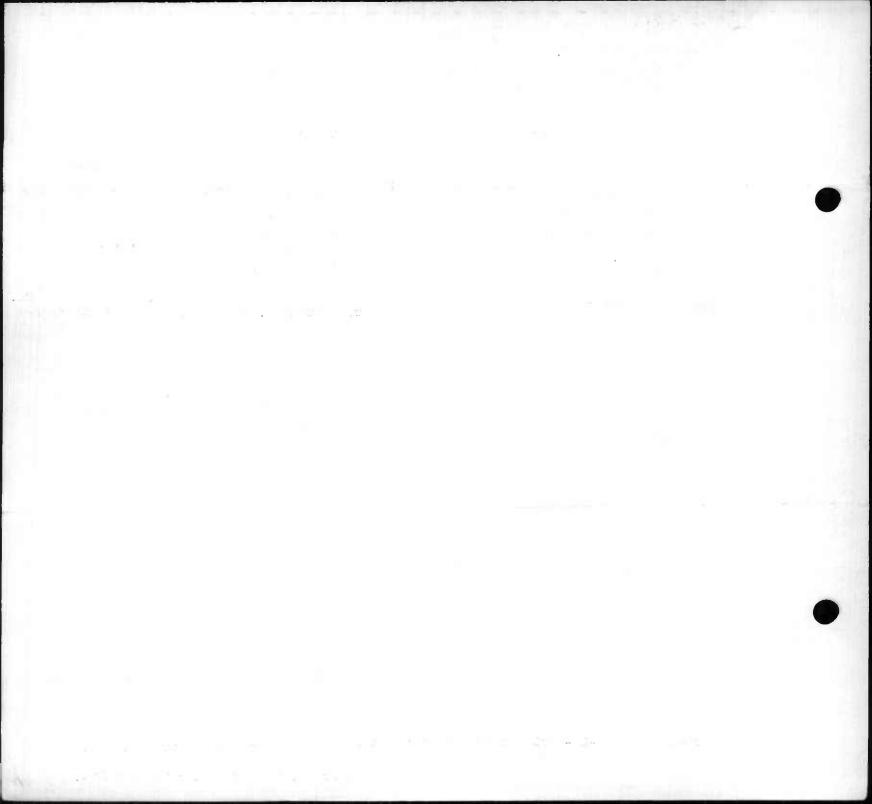
1	5-35/ 72 040	BALTIMORE CITY	HEALTH DEPARTMENT		72 04014	-
В	RTH NO. Charlesandel 6 Mg		TE OF DEATH	REG. NO	72 09014	-
1.	NAME OF DECEASED	*	2. DATE A	ND HOUR OF DEATH		
IL	K WAYNE K K KAKAKA KAKAKAKAKA KA	XX Kimberly F. S	tammer A	PRIL 22.	19721 9:10 A	MM.
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PI	ONOUNCED DEAD			1972 9:10 A	ion)
H	ULL NAME OF (IF NOT IN HOSPITAL OR I ADDRESS OR LOCATION)	NSTITUTION, GIVE STREET	Maryland	Balto.,	IDE CITY LIMITS?	
	JOHNS HOPKINS HOS	PITAL	Baltimore	D. 1145	YES NO XX	
	53		E. STREET AND NUMBER			
5	SEX 6. RACE 17. AAA.		916B Hoope			
11	Female Cuas	RIED NEVER MARRIED WED DIVORCED	8. DATE OF BIRTH 9/19/66	% AGE (In years lost birthdoy) 51	Months Doys Hours Min	Hrs.
10	A. USUAL OCCUPATION (Give kind of work 10 8. KIN ne during most of working life, even if retired)			eign country)	12. CITIZEN OF WHAT COUN	TRT7
GO	Child		Marriland			
13	FATHER'S NAME L.		Maryland 14. MOTHER'S MAIDEN NA	ME	U.S.A.	_
	Edward Stammer		Lydia Cu	rlett		
15. (Ye	Was Deceased Ever in U. S. Armed Forces? s,no or unknown! (If yes, give war or dates of sen	ice) 16. SOCIAL	17. INFORMANT		ADDRESS 216	20
	No	JEGORIII NO.	Mr. Edward I.	Stammer Rt	1 Chestertown,	
Г	18. 2 7 3 0 1	CAUSE OF DEATH	in. adward H.	ocaniner, Kt.	APPROXIMATE INTERVA	NL.
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH				BETWEEN ONSET AND GE	ATH
	(This does not mean the made of dying.	e.g. (A) IMMEDIATE CAU	SE CARDIORES	PIRATORY A	RREST	
	heart foilure, asthenia, etc. It means the distinjury or complication which caused death.)	ose,				
	ANTECEDENT CAUSES		NGESTIVE HEA			
	DISEASES OR CONDITIONS, if any, gi	ving (8) CH	RONIC OBSERU	CTIVE LUNG	DI EASE THE	-
	rise to the obave cause (A) stoling UNDERLYING CONDITION lost.	the	STIC FIRROSI		E	0
	11	(7/	4-4-4-V	***********	, , , , , , , , , , , , , , , , , , ,	
HON	OTHER SIGNIFICANT CONDITIONS CONTRIBUTI TO THE DEATH BUT NOT RELATED TO THE TERMIN	NG				
ICA	DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 198. CONDITION I	***************	20A-AUTOPSY? (Yes of N	all 208 Is vee week	Philippings on Manager	-
CERTIFICATION	WAS PERFORMED	on which oremaion	NO	IN CERTIFYING CAL	FINDINGS CONSIDERED USES OF DEATH?	
	21 A. A CCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21 B. PLACE OF INJURY (e.g., in home, form, foctory, street, off	or obout 21C, WHERE DID	(If In Boltimore	e City, give exoct location)	
CAL	DEATH (notify medical examined	etc.)	To Siege Headki Occor			
MEDI	OF INJURY (Month) (Doy) (Year) (Hour)	21 E INJURY OCCURRED	21F. HOW DID IN	IURY OCCUR?		
<	(APPROX.)	While At Not While Nork Nork Nork				
	22. I certify that (I) (shie hospitalixattend	ed the deceased from	APRIL 5	19 72 to Ap	R11 22 1972	
	that (1) (xex last saw the deceased alive	on APRIL 22	19 <u>72</u> and th	at in (my) Xour Kapir	nian death accurred on the d	ate
	and haur and from the causes stated abov	e· (I) (漢葉 (qiq) (如果粉粉 vi	ew the bady after death.			
	23A. SIGNATURE	2. / 45		L. Wicela	23 B. DATE SIGNED	
	23C. PHYSICIAN'S	GEGREE	ding Med. Director	Stoff Phys.	APRIL 22, 1	972
	NAME (Type)	23	BD. ADDRESS			
247	JEROLD C. WOODHEAD	C. NAME of CEMETERY OF CREAT		PKINS HOSP		
	WEINLO A WE (abacità)				y, town, or county) (State)	
25/	Burial 4-25-1972 DATE LEGID BY HEALTH DEPT. 258 NA/	Loudon Park Cem	etery Bal	Ltimore, Mar		
1	APR 26 1972 Calle & Jack	Ben MD	Howard Ho Hul		Wilkens Ave. 212	20
VS	150-REV. 1/1/68	e	Troub III	p=10, TIO/ 1	TIRCHS MYE. ZIZ	- 27

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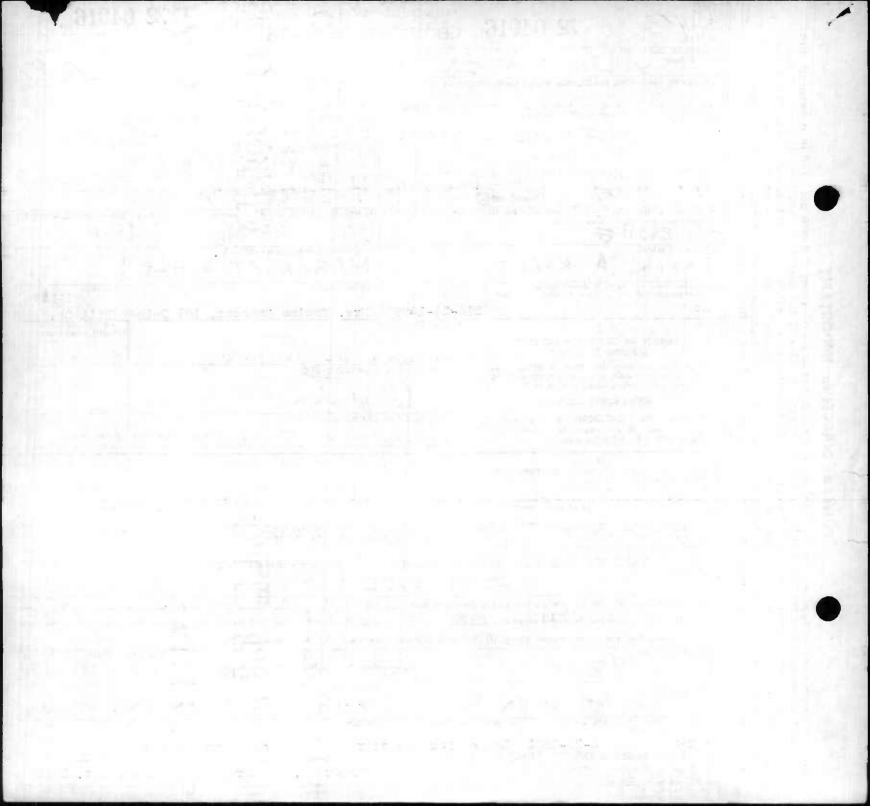
the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.C.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

1	0-32	6	מ פרי	04015		Y HEALTH DEPARTMENT	Yara wa	72 04015
11.	RTH NO.			CIUPU	CERTIFICA	TE OF DEATH	KEG. NO	TO DECINO
	Pe or Print)		W.			2. DATE	AND HOUR OF DEATH	
Ľ		HARLE	5 P	EDDI	CORD		4-23-72	, 1
	PLACE IN BAL	TIMORE MAR	YLAND, W	HERE PRON	OUNCED DEAD	4. USUAL RESIDENCE (WA. STATE 8. CO	here deceased lived. If in	stitution; residence before admiss
FL	ILL NAME OF SSPITAL OR STITUTION	(IF NOT I	N HOSPITA	AL OR INSTI	ITUTION, GIVE STREET	MARYLAN		ARD CO.
IN	STITUTION				405PITAL	C. CITY OR TOWN Elkridge	D. INSI	IDE CITY LIMITS?
1	211	CON	0 - 10		TOOTTIAL	E. STREET AND NUMBER		YES NO L
,	3 T					6050 OL		GTON ROAD
1	SEX MALE	6. RACE WHIT		WIDOWEL		5-25-95		if Under 1 Yr. if Under 24 Months Doys Hours Min
10/	USUAL OCC	UPATION (Give	kind of work	108 KIND C	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF WHAT COUN
doi	US C	working life, ever $0A5T$ 6	if refired)			MARYLA	ND	U.S.A.
13.	FATHER'S NA	۴.				14. MOTHER'S MAIDEN N		
	ELME	R PE	=DDI	CORD)	ELIZABE	TH COATES	5
15.	Was Deceased	Ever in U. S.	Armed Ford	es?	1 6. SOCIAL	17. INFORMANT		ADDRESS
1	s, na or unknown	W W J	var or acie:	of services	212052095	t	01 - 11	
	118	en, ()			A STATE OF THE PARTY OF THE PAR	1	R. Chelton,	6050 Old Washingt
	18.	3,41			CAUSE OF DEAT	Н		APPROXIMATE INTERVA
		SE OR CONDI LEADING TO		ECTLY		0 6	1.1	,
	(This does n	al meon the asthenio, etc.	mode of	dying, e.g.	(A) IMMEDIATE CAI	USE Kerpingtay A CONSEQUENCE OF:	- Januar	
	injury or com	plication whic	h caused	death.)		4-1-		
		ANTECEDENT	CAUSES		(a) the	ustilie CA from	n bowel	year
	DISEASES C	R CONDITIO	NS, il c	ny, giving	DUE TO, OR AS	A CONSEQUENCE OF:		
		above con CONDITION		sloling the	3	CHI		yeun
			10314		(c)	***************************************		
CERTIFICATION	TO THE DEAT	ICANT CONDITI H BUT NOT REL	ATED TO TH	E TERMINAL				
CA	19 A. DATE OF	OPERATION I	EN IN PART	1 (A).	WHICH OPERATION	120A. AUTORSY2 (Yes, or	No. 208 IE VEC WEST S	TAIDINGS CONSIDERS
E	0		WAS PERF	ORMED	WINCH OF EXAMOR	2010121311103 01	No. 208 IF YES, WERE F	USES OF DEATH?
S	21A. ACCIDEN	IT WAS UNDE	RLYING	21	B. PLACE OF INJURY (e.g.,	n or obout 21 C. WHERE DID	Of the Parkinson	Ch. the state of the
MEDICAL	OR CONTRIBU DEATH (natify	TING CAUS	E O F	hor	me, larm, lactory, street, a	ffice bldg. INJURY OCCUR?	lit in politimore	City, give exact facation)
2	21 D. TIME OF INJURY	(Month) (Doy	(Yeor)		E. INJURY OCCURRED	21 F. HOW DID II	NJURY OCCUR?	
3	(APPROX)			w	hile At D Not While ork At Work	• 🗆		
	22	ahma /13 /6/10	Line II-D					0.0
					the deceased from	β-11 -	19 72 to 4-	***************************************
	<u> </u>	last saw the						nian death occurred on the d
	and hour and	from the cau	uses state	ed above. ((I) (We) (did) (did not) v	lew the body after death	la	
	23A. SIGNATU	_			to a late			23B, DATE SIGNED
	Bours				10 Atte	nding Med. Director	Staff Phys.	4/23/72
	23C. PHYSICIA NAME (T					23 D. ADDRESS		
	1 0 .	HITH			no	Bin Secous	Horni tal	
24/	BURIAL CREA	MATION, 248.	DATE	24C. N	AME of CEMETERY OF CRI			y, town, or county) (Stolet
1	REMOVAL (S Burial	pecity)	-26-19		ace Episcopal	Com		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
1	DATE REC'D				OF REGISTRAR		lkridge, Howa	
n	DD OR W	170 () 4		- HAME	OF REUISIRAR	25C. FUNERAL DIRECTO		Williams Ave
F	FKZU T	11/ 1/4	. 6 5	d. Q.		Howard H. H	ubbard, 4107	MITKELIS AVE.
A 2	150-REV. 1/1/6	0.0		-				



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	VIEZ MARIAN		HEALTH DEPARTMENT	72 (14016
B	72 04010 RTH No.	CERTIFICA	TE OF DEATH	REG. NO.	7.010 7
(Ty	NAME OF DECEASED LIA V. K	LENDER	APRIL	21,1972	7:20 Pm
FU	PLACE IN BALTIMORE, MARYLAND, WHERE PRONG JLL NAME OF UF NOT IN HOSPITAL OR INSTI OSPITAL OR ADDRESS OR LOCATIONI		A. USUAL RESIDENCE (Where dec. A. STATE B. COUNTY MARYLAND	eosed lived. If institution:	residence before admission)
OZ	NOITUTITE	GENERAL	BALTIMORE	D. INSIDE CITY I	_
-	+3 HOSPITAL		E. STREET AND NUMBER 2134 PARKS	LEY AVE	
	T WIDOWED	2.	8. DATE OF BIRTH 9. AG 1055 H	E (In years If Und. Months	er 3 Ti. If Under 24 Hrs. Doys Hours Min.
19	LUSUAL OCCUPATION (Give kind of work 108, KIND Come during most of working life, even if refired) FATHER'S NAME	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole of foreign con BALTIMGRE N 14. MOTHER'S MAIDEN NAME	untry) 12, CIT	ASA
***	FRANK A. KRAFT		MARGARET	WALE	S
15. (Ye	Wee Deceased Ever in U. S. Armed Forces? s,no or unknown) of yes, give war or dotes of service)	16. SOCIAL SECURITY NO. 214-24-1499	Mrs. Thelma Hasse		ADDRESS 21227
MEDICAL CERTIFICATION	21D-TIME (Month! (Doy) (Tear) (Hour) 21E	(c) Circle WHICH OPERATION TRACE OF INJURY (e.g., in the form, factory, street, off	SE SE SUCLIME A CONSEQUENCE OF: A CONSEQUENCE OF:	IF YES, WERE FINDINGS CERTIFYING CAUSES OF	DEATH?
	22. I certify that (1) (this hospital) attended that (1) (we) lost sow the deceased alive on and hour and from the causes stated above. (23A, SIGNATURE 23C, PHYSICIAN'S TAKENYON - LALLE R	APRIL 21 (I) (We) (did) (did not) vi DEGREE Phys. 2:	ew the body ofter death.	238. DA1	th occurred on the dote TE SIGNED RIL 21,1972
24A	REMOVAL (Specify) 24B, DATE 24C. N	AME at CEMETERT of CREA	MATORT 24D. LOCATIO	ON (City, town, o	or county) (State)
-		udon Park Ceme		nore, Maryland	
	APR 26 1072 P.C. of E. 3. 6	C. KAC O	Howard H. Hubbard	l, 4107 Wilker	as Ave. 21229



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-	10.1			BALTIMORE CITY	HEALTH DEPART	MENT	
BIRTH NO		72 040	17	CERTIFICA		4	72 04017
1, NAME C	of deceased mint) Walt	er Therit			2.	L-22-72	8:15 P
3. PLACE	IN BALTIMORE, MA		RONO	UNCED DEAD	4. USUAL RESIDE	NCE (Where deceased lived. If	institution: residence before admissio
FULL NAA	ME OF OF NOT	IN HOSPITAL OR	INSTITI	UTION, GIVE STREET	A. STATE Mar	yland (ALT	0 530
NSTITUTIO	ON				C, CITY OR TOWN	timore D. IN	VSIDE CITY LIMITS? YES \(\begin{array}{ccc} NO \(\begin{array}{ccc} \begin{array} \begin{array}{cccc} \begin{array}{cccc} \begin{array}{cccc} \
スカ	Mercy "ospi	tal			E. STREET AND N		21234
SEX	6. RACE	7. MAI	PRIED	NEVER MARRIED	B. DATE OF BUILD	9. AGE (In years	If Under 1 Ye . If Under 24 Hi
M	W		WED		Mar 10,		Months Days Hours Min.
	L OCCUPATION (GIVE most of working life, ev		ND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (S	tale or foreign country)	12 CITIZEN OF WHAT COUNT
7.	lanager	G	air	nt Foods	Mary	land	U.S.A
	R'S NAME				14. MOTHER'S MA	AIDEN NAME	
	Cha	rles The	rit	t	Mi	ller	
. Wes D	ecoused Ever in U. S unknown)(II yes, give	Armed Forces?	nda -l	1 & SOCIAL	17. INFORMANT		ADDRESS
Yes		W.W II	AICG	161-20-3900	Doris M	. Therit-7812	Aiken Ave. 34
18.	12/41			CAUSE OF DEATH			APPROXIMATE INTERVAL
	DISEASE OR CON	DITION DIRECTLY				4	BETWEEN ONSET AND DEA
	LEADING T			CANIMMEDIATE CAU	SE COO	u Madeline, ne	men
	does not mean the failure, asthenia, et			DUE TO, OR AS	CONSEQUENCE		
Injury	at complication wh	ich caused death.)		C 1			
	ANTECEDEN	T CAUSES		101 Sub	dervol &	emoline rem	Poul
	ASES OR CONDIT			DUE TO, OR AS	A CONSEQUENCE	OF:	
	to the above of		the	(c)	Necro	timing voscu	litis
-	11			(0)		· · · · · · · · · · · · · · · · · · ·	
OTHER	R SIGNIFICANT COND	MONS CONTRIBU	TING				
TO THE	IE DEATH BUT NOT R SE OR CONDITION G	ELATED TO THE TERM IVEN IN PART 1 (A).	IINAL				
	ATE OF OPERATION		FOR Y	WHICH OPERATION	20A. AUTOPSY?	(Yes of No.) 20B IF YES WEI	RE FINDINGS CONSIDERED CAUSES OF DEATH?
08 64	ACCIDENT WAS UNDONTRIBUTING CA	DERLYING USE OF	21B horr etc.	PLACE OF INJURY la.g., in a form, foctory, street, of	or obout 21C. WHI	ERE DID (If In Bollin	more City, give exact location)
DEATI	IME (Month) IE	Day) (Year) (Hour	218	INJURY OCCURRED	21F. HOV	W DID INJURY OCCUR?	
OF IN	JURY			ile At Not While			
			Wo		1//	- 77	4/12 107
	certify that (I) (th				2/18	19 <u></u> to	17-7-
	(I) (we) last saw ti				19		opinion death occurred on the d
1		auses stated abo	Ye. (I) (We) (did) (did not) v	lew the body aft	er death.	
23A. S	IGNATURE	1 11	11/1	MI) lam	nding Med		23B, DATE SIGNED
	((low	she U	W	DEGREE Phys	Dire	Stoff Phys.	9/23/72
23 C. P	HYSICIAN'S				23 D. ADDRESS		
	Toh:	ru Ohe		.D. DEGREE		cy Hosp Cal	vert St.
4A. BURI	IAL CREMATION, 24	B. DATE	24C.N	AME of CEMETERY of CRE	MATORY	24D. LOCATION	(City, town, ar caunty) (State)
		1/26/72	M	anchester Ce	metery	Mancheste	er, Md.
	E REC'D BY HEALTH	DEPT. 258. N		OF REGISTRAR	25C. FUNERAL	DIRECTOR	ADDRESS
APR S	6 1972	Best E. Hauf	Say !	rea.	Dong a	in Funeral Hom	ne 3818 Roland A
VS 150-RE	EV. 1/1/68		3	7 24 1	1 3 0	1 64	

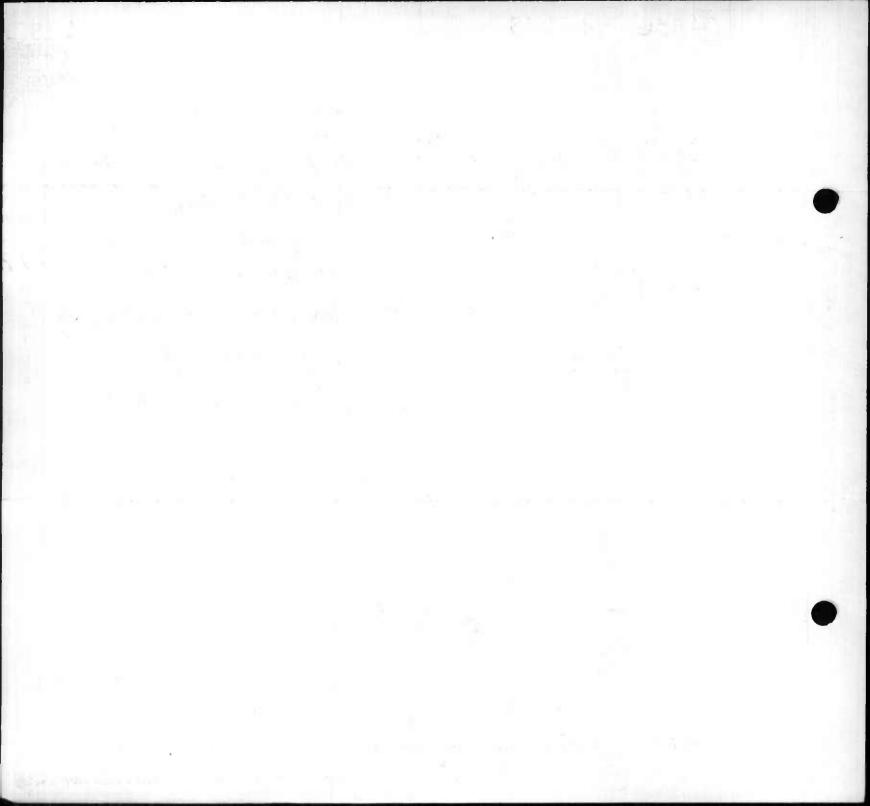
F. 4 AND A VIEW IN of the milet mank except the

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	G-536 72 04018 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH REG. NO. 72 04018
	1. NAME OF DECEASED - D C A CO
	2 PLACE IN BALVINGOE MADE MADE AND THERE. 4-23-72 4:00 A.M.
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OF LOCATION INSTITUTION, GIVE STREET HASPITAL OR ADDRESS OF LOCATION INSTITUTION, GIVE STREET
	Souls Ballimor General Hepity C. CITY OR TOWN D. INSIDE CITY LIMITS?
90	Baltinine, Ministad E. STREET AND NUMBER College 00 d. Drive 21061
BES	5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF SIRTH 9. ASE (In years lost didhdoy) 6. WIDOWED DIVORCED 3. 30-04 lost didhdoy) 6. WIDOWED 3. WIDOWED 3. 30-04 lost didhdoy) 6. WIDOWED 3. WIDOWED 3. 30-04 lost didhdoy) 6. WIDOWED 3. 30-04 l
	10A. USUAL OCCUPATION (Give kind of work) 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE ISlote or loreign country) 12. CITIZEN OF WHAT COUNTRY? Ret. Waylard USA
Spos	13. FATHER'S NAME C. Surller 14. MOTHER'S MADEN NAME Willelmine Spencer
3	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) of yes, give wor or dotes of servicel SECURITY NO. ADDRESS ADDRESS
	2/4-01-5732-4 Charles A Gunther 117 Hollywood Prive
5	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH CAUSE OF DEATH Mypeardeal Alyarden
	(This does not meon the mode of dying, e.g., heart loilure, asthenia, etc., it means the disease.
	ANTECEDENT CAUSES (B) Chiteroschiolie cardinaraile duese,
3	DISEASES OR CONDITIONS, il ony, giving DUE TO, OR AS A CONSEQUENCE OF: DISEASES OR CONDITIONS, il ony, giving DUE TO, OR AS A CONSEQUENCE OF: UNDERLYING CONDITION lost. (C)
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 1994. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 1995. CONSIDERED IN CERTIFYING CAUSES OF DEATH? 1996. CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	OR CONTRIBUTINO CAUSE OF DEATH (notify medical examinal Death
	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? Via PPROX.) 21D. TIME (Month) (Doy) (Yeor) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
	22. I certify that (U)(this haspital) attended the desensed from # 23 19 12 to 4 - 23 19
	that (1) (we) last sow the deceased alive on the date and that in (my) (our) apinian death accurred an the date
	and hour and from the causes stated above. (1) (We) (did) (did not) view the bady after death. 23A. SIGNATURE 23B. DATE SIGNED
	Attending Med. Staff 4-24-)
	23C. PHYSICIAN'S NAME (Type) CANIZARES SBGH
	24A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CREMATORY 24D. LOCATION (City, town, or county) (Stote)
	Burial 4/27/72 Glen Haven Cometery Glen Burnie 11d. 21061 25A. DATE REC'D IN HEALTH DEPTH 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS
	APR 2 125C. FUNERAL DIRECTOR ADDRESS MCULLy Funeral Home 237 Patapaco Ave 21225

VS 150-REV. 1/1/68

Maully Funeral Home 237 Patapsco Ave 21225



Such This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased death was in regular attendance on the prior to death. the deceased 61010 deceased prior to death); and (6) No physician was in regular attendance on written approval must be obtained before the remains are embalmed or final dis was D.O.A. at a hospital (except where the physician who pronounced

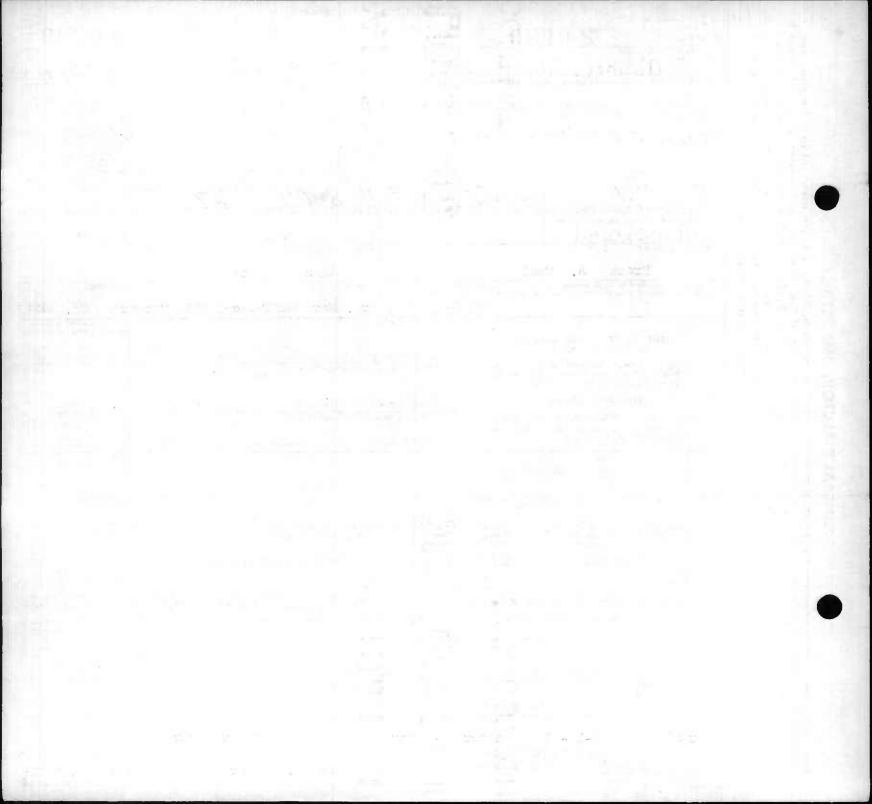
I. NAME OF DECEASED

VS 150-REV. 1/1/68

BALTIMORE CITY	HEALTH DEPARTMENT	
CERTIFICA	72 04019 -	
T ANNA	2. DATE AND HOUR OF DEAT	18.25 pm m
ONOUNCED DEAD	A. STATE B. COUNTY MARYLAN J	institution: residence before admission)
mplex	BA LIMORE	VES NO
•	2632 PENNCYLVAN	IA AUE
RIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 9. AGE III years lost birthboy	Months Doys Houss Min.
D OF BUSINESS OR INDUSTRY	BALTIMORE Md	12. CITIZEN OF WHAT COUNTRY?
	Anna Hines	
16. SOCIAL SECURITY NO. 2/7-20-/586	Mrs. Mary McElhiney, 3210	ADDRESS Tartarian Ct. 21227
CAUSE OF DEAT		APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH

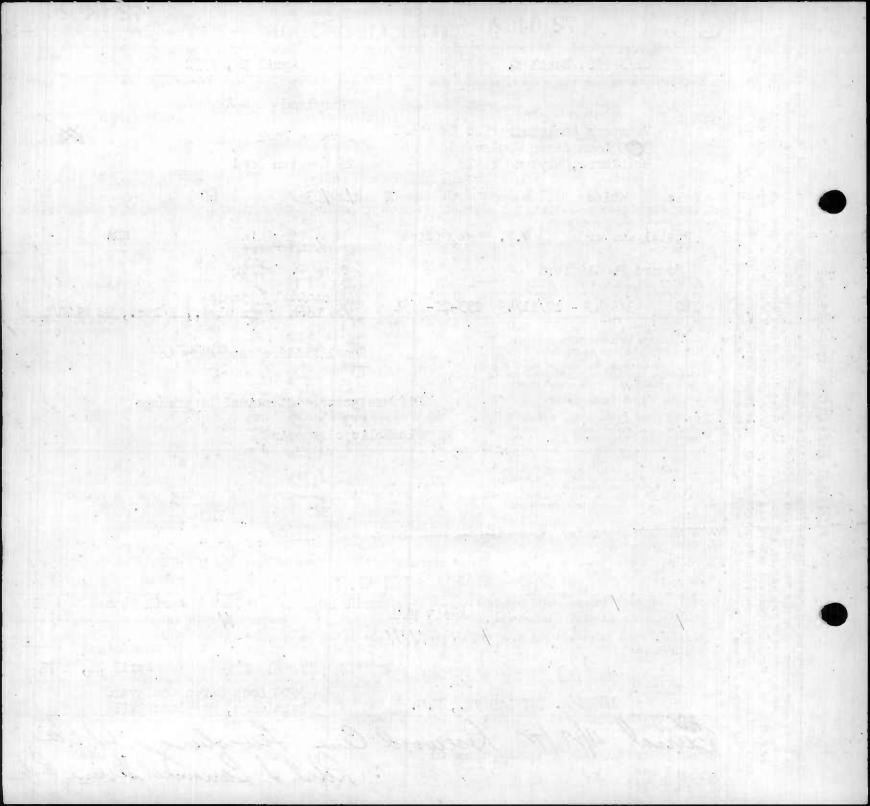
Type or Print Minner, UID	eT ANNA	4-2	2-72 -	18.25 pm A
3. PLACE IN BALTIMORE, MARYLAND, WHER	E PRONOUNCED DEAD	A. STATE B. COU	ere deceosed lived, If	institution: residence before admission
FULL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCATION	OR INSTITUTION, GIVE STREET	MARYLAW	d	1504
Provident Hospilal (amokey	BALTIMORE	D. IN	YES NO
Provident Hospital	zom pr e p	E. STREET AND NUMBER		TES NO
31		2632 YENN	PULLUANI	A ANE
5. SEK 6. RACE 7.	MARRIED NEYER MARRIED	8. DATE OF BIRTH	9. AGE IIn years	If Under 1 Vr. , If Under 24 Hrs
FWW	DIVORCED DIVORCED	11-18-04	lost birth by	Months Doys Hours Min.
IOA, USUAL OCCUPATION (Give kind of work 108 done during most of working life, even if retired)	AIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	eign country)	12. CITIZEN OF WHAT COUNTR
Unemployed		BALTIMORE	md	10.5
3. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
Frank A. Tea	1	Anna H	ines	
5. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	Lifeo	ADDRESS
Yes, no or unknown! (If yes, give wor or dotes of		Mrc Mar- MaE 11	of more 2010	
116.	CAUSE OF DEATH		iney, 3210	Tartarian Ct. 2122
7.1 - 1.1				BETWEEN ONSET AND GEATH
DISEASE OR CONDITION DIRECT		1.	1 Partis	1
(This does not mean the made of dyi	ng, e.g., (A) IMMEDIATE CAU	CONSEQUENCE OF: Var	carou	inlower
heart failure, asthenia, etc. It means the injury at camplication which caused dec	disease,	Vas	cular kee	rearl
ANTECEDENT CAUSES		. 0 .	1	
	(B) Chio	rie Brain /	yndem	- Unlona
DISEASES OR CONDITIONS, if any, rise to the above cause (A) sta				
UNDERLYING CONDITION last	(c) Maln	ulitim . ac	ute abok	men unlann
OTHER SIGNIFICANT CONDITIONS CONTRI TO THE DEATH BUT NOT RELATED TO THE TE	RMINAL			
O OTHER SIGNIFICANT CONDITIONS CONTRICT TO THE DEATH BUT NOT RELATED TO THE TE DISEASE OR CONDITION GIVEN IN PART 1 (1974) DATE OF OPERATION 1974 CONDITION	A).	1204 411-020-019	W 200 45 WES ALLES	***************************************
WAS PERFORA		20A. AUTOPSTE IVes or N		FINDINGS CONSIDERED
21A, ACCIDENT WAS UNDERLYING	21 B. PLACE OF INJURY Ie.g., in	or about 21 C. WHERE DID	W to Beltier	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, foctory, street, off	ce bldg. INJURY OCCUR!	(if in poiling	re City, give exact location)
210-TIME (Month) (Doy) (Tear) (H	out 21E INJURY OCCURRED	21F. HOW DID IN	URY OCCUR?	
IAPPROX.)	While At At While At Work			
22. I certify that (I) (this hospital) at	tended the deceased from	4/10	19 72 10 4	122 1073
that (1) (we) last saw the deceased al				/
	2 - /	and the	iat in (my) (aur) ap	Inlan death accurred on the dat
and hour and fram the causes stated (abave. (1) (We) (did) (did nat) vi	ew the body after death.		
2300 SIGNALURE	4	A		238 DATE SIGNED
Jano	DEGREE Phys.	ding Med.	Stoff Phys.	1/22/72
23 C. PHYSICIAN'S NAME IType)		D. ADDRESS		1
	VDERS	PROVIDENT	HOSPITI	1.0
4A. BURIAL CREMATION, 124B. DATE	24C. NAME of CEMETERT OF CREA			ity, town, ar county) (State)
Burial 4-26-72	Western Cemetery		timore, Mar	
				3350 CT
DALE RECURST HEALTH DEPT A 1258	NAME OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS

VILLE BE Howard H. Hubbard, 4107 Wilkens Ave. 21229



was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased written approval must be obtained before the remains are embalmed or final disposition is made. 5. 10 do 15 (Y -2

7 .111	BALTIMORE CITY	HEALTH DEPARTMENT		72 04020
1-4/b 72 0402	CERTIFICA	TE OF DEATH	REG. NO	
RTH NO. NAME OF DECEASED			HOUR OF DEATH	
ype or Print CLIFFORD, Basil K.			24, 1972	M.
PLACE IN BALTIMORE, MARYLAND, WHERE PRON	OUNCED DEAD	4. USUAL RESIDENCE (Where A. STATE B. COUNTY	deceased lived. If in	stitution: residence before admission)
ULL NAME OF (IF NOT IN HOSPITAL OR INST	TTUTION, GIVE STREET	Maryland A	A A	IDE CITY LIMITS?
Veterans Administrat	tion Hospital	Severna Park	0. 11431	YES NOW
3900 Loch Raven Boul		E. STREET AND NUMBER		
Baltimore, Maryland 2		25 Emerson Roa		
Male White WIDOWE	D NEVER MARRIED DIVORCED	8. DATE OF BIRTH 9.	AGE (In years st birthday)	If Under 1 Yr. If Under 24 Hrs. Months Days Haurs Min.
OA, USUAL OCCUPATION (Give kind of work 108, KIND of the during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	country)	12. CITIZEN OF WHAT COUNTRY?
	Post Office	West Virginia	a	USA
FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
Howard P. Clifford		Mary V. Keffe	er	
es, na or unknown) (If yes, give war ar dates of service)		VA Hospital Red	cords	ADDRESS
YES 3/9/43 - 12/11/45	233-22-5551 CAUSE OF DEATH	3900 Loch Raver	n Blvd. Ba	alto Md 21218
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g. heart failure, osthenia, etc. It means the diseas injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the obave cause (A) stating the UNDERLYING CONDITION to state the obave cause (B) stating the UNDERLYING CONDITION SCONTRIBUTING TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE SIGNIFICANT CONDITION SIVEN IN PART 1 (A). 19A-DATE OF OPERATION 198. CONDITION FOR WAS PERFORMED 21A. A CCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CONTRIBUTION CAUSE OF CONTRIBU	DUE TO, OR AS A DIFFUS OF A STATE OF INJURY (e.g., in c.) DUE TO, OR AS A DUE TO, OR AS A STATE OF INJURY (e.g., in c.) DIF INJURY OCCURRED	TES n or about 21C. WHERE DID fice bldg., INJURY OCCUR? 21F. HOW DID INJUR	nal hemorr	hage
< (ABBROY)	Vhile At Not While	e 🗌		
22. I certify that (1) (this hospital) attended that (1) (we) lost sow the deceased alive on and haur and from the causes stated abave. 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type)	April 24th (f) (We) (did) (did hot) v DEGREE Phys	nding Med. SI Director Pt 23D. ADDRESS 3900 Loc	(72 to Apr Infof) (aur) opi	
REMOVAL (Speedly) HTT / W	NAME OF CEMETERY OF CRE ASSEMBLE OF REGISTRAR			ADDRESS Ruck



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. FUNERAL DIRECTOR: IMPORTANT

	0	72 040	794	BALTIMORE CITY	HEALTH DEPARTMEN	IT .	100.00
BI	260 RTH NO.	14 041	151	CERTIFICA	TE OF DEAT	H REG. NO	72 04021
1.	NAME OF DECEASED				2. DA1	E AND HOUR OF DEATH	
	YPE OF BAKE	e,	ANNI	9	.^	rpm123,1	19721 245
3.	PLACE IN BALTIMO	E MARYLAND, WI	HERE PRONOL	JNCED DEAD	4. USUAL RESIDENCE	(Where deceased lived, If ins	stilution: residence before admission)
FI	ULL NAME OF (OSPITAL OR ISTITUTION	IF NOT IN HOSPITA ADDRESS OR LOCA	L OR INSTITUTIONI	UTION, GIVE STREET	C. CITY OR TOWN	LNCI	timore Co
H	Bons	ecours	Hasp	rital	E. STREET AND NUMB	OTHITMANOOD	YES NO NO
5	SEX 6. RA					XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Kd
	Female 1	White.	WIDOWED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Ye. If Under 24 Hrs. Manths Days Haurs Min.
10.	A. USUAL OCCUPATION of working	ON (Give kind of work)	108 KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stota o	foreign countryl	12. CITIZEN OF WHAT COUNTRY?
11	Housewife	1 1110, 0 4011 11 1011100)			XXXXXXX	MANY	71.5:
13.	FATHER'S NAME				14. MOTHER'S MAIDEN		
	Hugus	+ Weil	be		Louise		BLUMBERG
(1,0	Was Deceased Ever i	n U. S. Armed Force s, give wor or datas	es? of sarvice)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	No			220-66-1890D	2 Mr. Rudolp	h Baker, 5900	Charnwood Rd. 21228
	18.005,	/1		CAUSE OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR	CONDITION DIRE	CTLY		H F	, 1.0	TOTAL CHOCK AND DEATH
	(This does not me heart failure, osther	an the mode of a	he diseose,	DUE TO, OR AS	SE TOUGH	uspi. failur	clay
	injury ar camplicati	on which caused (deoth.)	1	0	0 0	
		EDENT CAUSES		(B) Chun	700 / 1010	leen been i'-	years
	DISEASES OR CO	ve cause (A)	ny, giving stoting the	(c) A Se	A CONSEQUENCE OF:		
		11		(0)	***************************************		
ATION	OTHER SIGNIFICANT TO THE DEATH BUT DISEASE OR CONDIT	NOT RELATED TO THE	ETERMINAL	******************			
CERTIFIC.	19A. DATE OF OPER	ATION 198 COND WAS PERFO	TION FOR W	HICH OPERATION	20A. AUTOPSY? (Yes	IN CERTIFYING CAU	INDINGS CONSIDERED
CAL CE	21A. ACCIDENT WA OR CONTRIBUTING DEATH (notify medic	S UNDERLYING CAUSE OF	218, home etc.)	PLACE OF INJURY (e.g., in form, foctory, street, oli	or about 21C, WHERE DI	D (II In Baltimare	City, give exoct lacation)
MEDI	21 D. TIME (Mont OF INJURY (APPROXI	hi (Doy) (Yeari	White	INJURY OCCURRED Not While		INJURY OCCUR?	
	22. I certify that (Dithis bosated)	Work		4-21	10.77	4 - 02 123
	that (1) (we) last s			H - 23		19 <u>T?</u> _to d that in (my) (aur) opini	Ion death accurred on the date
	and hour and fram	the causes state	d abave. (I)	(We) (did) (did nat) vi			
	23A. SIGNATURE					/	23B, DATE SIGNED
	Bounds Th			DEGREE Phys.		Staff Phys.	1- 23-72
	23C. PHYSICIAN'S NAME (Type)				3D. ADDRESS	()	
24/	BANUT		2/C NA	ME of CEMETERY of CRE	Bon Seconds	70.11	
	REMOVAL (Specify)						, town, ar cauntyl (Statal
25/	Burial	4-26-19		don Park Ceme		altimore, Mary	
25,	APR 26 197	2 Visited C	SB. NAME OF		Howard H.	Hubbard, 4107	Wilkens Ave, 2127
VS	150-REV. 1/1/68						

ad and toops A

IMPORTANT DIRECTOR: FUNERA

BALTIMORE CITY HEALTH DEPARTMENT 72 04022 CERTIFICATE REG. NO. al and death Deceased Such Middle I. NAME OF DECEASED 2. DATE AND, HOUR OF DEATH DATTERSON, (Type or Print) WALTER Shannon Sr. April 22 nd. 1972 LO hospital death. 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
B. COUNTY of 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD attendance (2) MARYLAND Carroll cause (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET FULL NAME OF HOSPITAL OR ADDRESS OR LOCATION) D. INSIDE CITY LIMITS? contributing cause; 0 0 UNIVERSITY OF MARYLAND HOSPITAL prior E. STREET AND NUMBER occurred PEHNSYLVANIA etermined regular made 5. SEX 9. AGE (In years If Under 1 Yr. Months: Days B. DATE OF BIRTH 7. MARRIED NEVER MARRIED deceased last birthday 62 WIDOWED 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? death disposition done during most of working life, even if retired) Maryland Dud MAINTAINANCE ENGINEER Was 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME the direct 4 William Patterson Mary assistant LO death 15. Was Deceased Ever in U. S. Armed Forces 6. SOCIAL 17. INFORMANT final (Yes, no ar unknown) (If yes, give war ar dates of service) SECURITY NO. nce No 218 01 2290 Mrs Beatrice H. Patterson Carrollton, Md. any CAUSE OF DEATH pronounced 0 attend DISEASE OR CONDITION DIRECTLY Imed LEADING TO DEATH O BRAIN STEM LESION (A) IMMEDIATE CAUSE fracture fThis does not meon the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF 0 heort foilure, osthenio, etc. It meons the diseose, ular examiner aminer. Ď injury or complication which coused death.) em ANTECEDENT CAUSES × ho 0 9 10 DISEASES OR CONDITIONS, if any, giving O rise to the obove cause (A) stating the (3) physician UNDERLYING CONDITION last. remains medical Was Ш OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL physician DISEASE OR CONDITION GIVEN IN PART 1 (A) chief the Body 20 A. AUTOPSY? (Yes or No) 20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 198. CONDITION FOR WHICH OPERATION the 19A. DATE OF OPERATION O WAS PERFORMED YES before (2) 218. PLACE OF INJURY (e.g., in or about 21C. WHERE DID the Ü 21 A. ACCIDENT WAS UNDERLYING (If in Baltimare City, give exact location) where home, form, foctory, street, affice bldg., INJURY OCCUR? OR CONTRIBUTING CAUSE OF 0 No DEATH (notify medical examiner nature; by MEDI obtained 21 D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? 9 OF INJURY approved (except While At Not While (APPROX.) Work At Work and the any 22. I certify that (1) (this hospital) attended the deceased from 22md 19.72 ond that in (my) (our) opinion death occurred on the date that (I) (we) lost sow the deceased alive on ... 0 be of hospital eath) ond hour and from the couses stated above. (1) (We) (did) (did not) view the bady after death. must accident 23A. SIGNATURE 23B, DATE SIGNED T Shaff Attending [was rele 0 approval O 23C. PHYSICIAN'S 23D. ADDRESS prior to. NAME (Type) An UNIVERSITY 4 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION deceased the body O REMOVAL (Specify) Carrollton Church of God Too shows: Westminster Carroll 4/25/19 Burial Thomas D. Fletcher Was 25B. NAME OF REGISTRAR 25A. DATE REC'D BY HEALTH DEPT. Westminster, VS 150-REV, 1/1/6B

NO

Hours

APPROXIMATE INTERVAL

(Stote)

Md.

ADDRESS

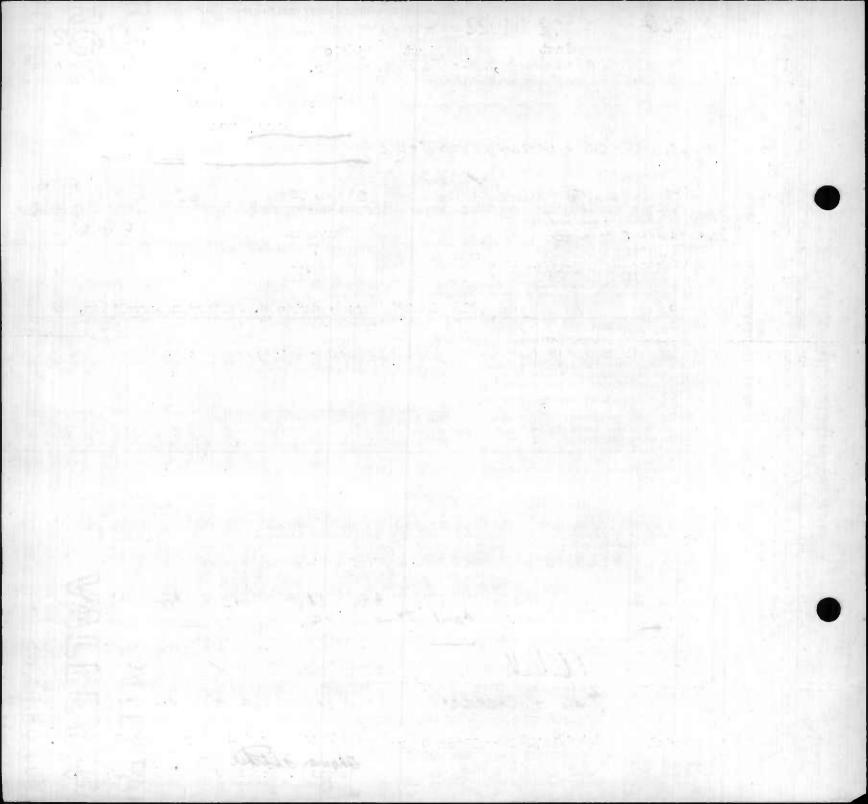
BETWEEN ONSET AND DEATH

If Under 24 Hrs.

None

U.S. A.

ADDRESS



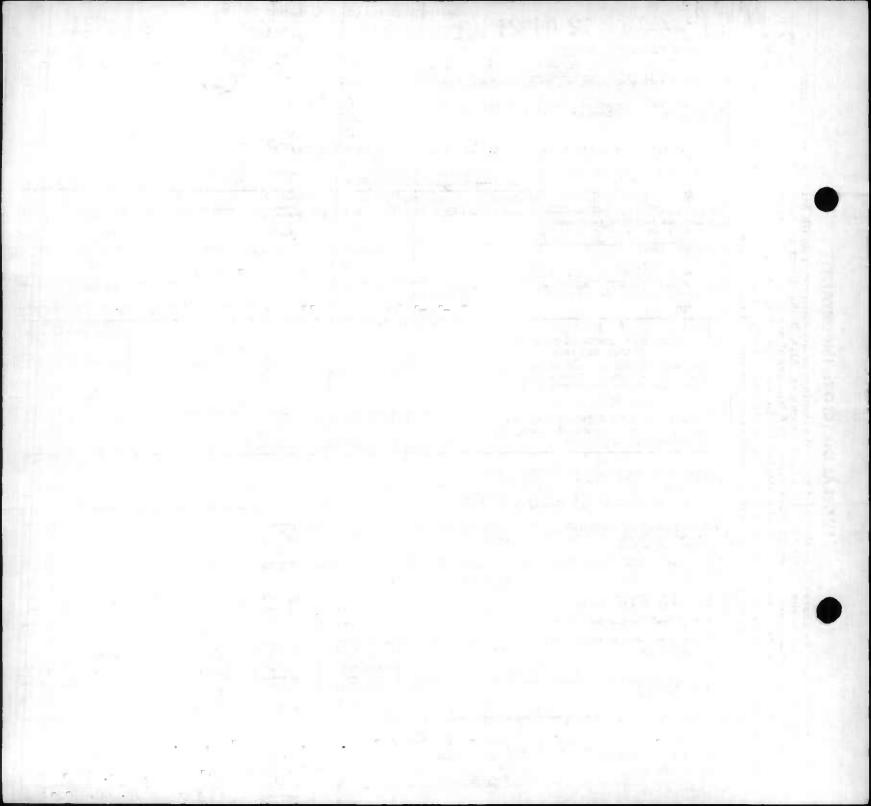
This cortificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

-	127 000	1000		HEALTH DEPARTMENT		72 04023
	D-630 72 0	4023	CERTIFICA	TE OF DEATH	REG. NO.	12 04050
	THE LIMA	Don	EVET?		10 HOUR OF DEATH	14:10 A
3.	PLACE IN BALTIMORE, MARYLAND, W	HERE PRONC	UNCED DEAD	4. USUAL RESIDENCE (Whe	to deceased lived. If instit	ution: residence before admission)
FU	JLL NAME OF (IF NOT IN HOSPIT	AL OR INSTI	TUTION, GIVE STREET	MARICAND		701
U -	STITUTION			C. CITY OR TOWN		CITY LIMITS?
	JOHNS HORKINS !	1408P1	TAL	E. STREET AND NUMBER	Y	ES NO
				2926 EAST	MADISON S	FLEET
	SEX F GRACE CAUZ	7- MARRIED WIDOWED	DIVORCED		64	Under 1 Ys. If Under 24 Hrs. Aonths: Doys Hours Min.
100	LUSUAL OCCUPATION (Give kind of works during most of working life, even if retired)	108, KIND O	F BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY?
8	saus cierul	BA	KERY	SANAWAH,	GEORGIA	USA
13.	FATHER'S NAME			14. MOTHER'S MAIDEN NA	ME	
	JOHN J. DOHE				WE GROOM	15
15. (Ye	Was Deceased Ever in U. S. Anned For s,no or unknown) (If yes, give war or dote	ces? s of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	NO		272-18-4470	Catherine Doh	erty (mother)	same as above
	DISEASE OR CONDITION DIE	RECTLY	CAUSE OF DEATH	se Energhalon		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	(This does not mean the mode of heart failure, astheria, etc. It means injury ar camplication which caused ANTECEDENT CAUSES DISEASES OR CONDITIONS, if rise to the above cause (A) UNDERLYING CONDITION last.	the disease death.)	(B) DUE TO, OR AS	CONSEQUENCE OF: CONSEQUENCE OF: Probable C		
ATION	OTHER SIGNIFICANT CONDITIONS COI TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PAR	HE TERMINAL	***************************************			***************************************
ERTIFICATIO	19A-DATE OF OPERATION 19B. CON WAS PERF	DITION FOR FORMED	WHICH OPERATION	20A AUTOPSYT IVES OF No	208. IF YES, WERE FINI	DINGS CONSIDERED S OF DEATH?
CALC	21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	21 I hor etc	RPLACE OF INJURY (e.g., in ne, form, foctory, street, off J	or obout 21 C. WHERE DID	(If In Boltimore C	Ity, give exact location)
MEDI	21D. TIME (Month) (Doy) (Year) OF INJURY (APPROX.)	wi	INJURY OCCURRED Not While At Work	21F. HOW DID INJ	URY OCCUR?	
	22. I certify that (I) (this haspital) oftended t	he deceased from	4/18	974 to 4/2	1972
	that (1) (we) last sow the decease	d olive on_	4/21	19 72 ond the	at in (my) (our) opinion	n death occurred on the date
	and hour and from the causes stat	ed obove. (1) (We) (did) (did no r) vi	ew the body ofter deoth.		& DATE SIGNED
	Robert CBac	st du 1	Atter	ding Med.	Stoff Phys.	4/21/72
	23C. PHYSICIANS NAME (Type) CEPREDIT C. BAS	क क	DEGREE	3D. ADDRESS	PICINS.HOSP	,
24/	BURIAL CREMATION, 248. DATE		AME of CEMETERY OF CRE			own, or county) (State)
	Buria] 4/24/7	2 Н	oly Redeemer C	eme terv	Balto. Md.	100
25/	DATE REC'D BY HEALTH DEPT.		OF REGISTRAR	25C. FUNERAL DIRECTOR	uneral Homes,	Inc. 3331 Brehms
VS	150-REV. 1/1/68	Marks 200		 	Lane, B	11to Md. 21213

SCHOOL SECTION Little of the partition in animal

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such

1	BALTIMORE CITY	HEALTH DEPARTMENT	5.4004
6-620 72 04024 BIRTH NO.	CERTIFICA	TE OF DEATH REG. NO. 72	04924
1. NAME OF DECEASED (Type or Print) 1 HELM!	6EOR	GE APPIL SI-197	01010 2.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONO		4. USUAL RESIDENCE (Where deceased lived, Il institution	ont residence belore admission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTIT ADDRESS OR LOCATION)	UTION, GIVE STREET	A. STATE B. COUNTY MANUAL CAULA C. CITY OR TOWN D. INSIDE C.	2633
telle		BSL7 40RE D. INSIDE CI	
UNION WEMORISE HOS	COTAL	E. STREET AND NUMBER	DI MOL
United MEMORIAL HAS		3424 RAMOND AVE	
5. SEX 6. RACE 7. MARRIED WIDOWED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH 9. AGE (In years If t	Under 1 Yr. 11 Under 24 Hrs. ths Doys Hours Min.
IOA. USUAL OCCUPATION (Give kind of work 108, KIND O	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stale or foreign country) 12.	CITIZEN OF WHAT COUNTRY
done during most of working life, even if refired)		MARYLAND	USA
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
EDWARD (UNKNOWN))	HAZEL Eagleston	
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
no	215-16-1032	Llewellyn George (husband)	same as above
18. / 7 4 / 1	CAUSE OF DEATH		APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY		Annels 12 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	BETWEEN ONSET AND DEATH
LEADING TO DEATH	(A)IMMEDIATE CAU	se mulliple metas Tas:s	1968-197
(This does not mean the mode of dying, e.g., heart failure, asthenta, etc. It means the disease,	DUETO OF AC	CONSEQUENCE OF: home lives when	
injury or complication which caused death.)		SE MILLIPLE METES TAS; S A CONSEQUENCE OF: HOTE, LIVER, pleu from the breast carcine	200
ANTECEDENT CAUSES	(0)	Carelina Carelina	April
DISEASES OR CONDITIONS, if any, giving	DUE TO, OR AS	A CONSEQUENCE OF:	
rise to the above cause (A) stating the UNDERLYING CONDITION last.	10 Bi	lateral uleunal officein	
A4	(C)	ma promo espana	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	***********	,	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). 1924 DATE OF OPERATION 1928 CONDITION FOR WAS PERFORMED 214. ACCIDENT WAS UNDERLYING 1	WHICH OPERATION	20 A AUTOPSY? (Yes of No.) 20 B. IF YES, WERE FINDING IN CERTIFYING CAUSES	IGS CONSIDERED
	PLACE OF INJURY (e.g., in te, form, factory, street, of	or about 21 C. WHERE DID (If In Baltimore City, ice bldg., INJURY OCCUR?	give exoci lacation)
S O I III	INJURY OCCURRED III Not White	21F. HOW DID INJURY OCCUR?	
(APPROX.)			
22. I certify that (i) (this hospital) attended th	he deceased from	March 21 1972 to April	2/ 19 72
that (1) (we) last saw the deceased alive an_	Avril 21	19/12 and that in(my) (aur) apinion	
and have and from the causes stated above. (I	/	aw the hady after death	aveeriou un ine uul
23A. SIGNATURE	, () (ara) (ara not) v		DATE SIGNED
Qui 1. Chr			
1 1/1/2 (1 (1/1)	Atte		11/0/ 190-
23C. PHYSICIAN'S	DE GREE Phys	Director L Phys. L	oril 21, 1992
23C.PHYSICIAN'S NAME (Type)	DE GREE Phys	3D. ADDRESS	oril 21, 1972
PIUS CHO	DEGREE Phys	3D. ADDRESS UNION YEYOM'CL HOLPITAL	-
PIUS CHO	DEGREE Phys	3D. ADDRESS UNION YEYOM'CL HOLPITAL	ovel 21, 1972 n, or county (State)
24A. BURIAL CREMATION, 24B. DATE 24C. N.	DEGREE Phys	Director Phys. 23 3D. ADDRESS UNION YEYOM'CL HOLPITAL MATORY 24D. LOCATION (City, low	orif 21, 1972
24A. BURIAL CREMATION, 24B. DATE 24G.NZ REMOVAL (Specily) 4/24/72 Mo	DEGREE Phys	Director Phys. 23 3D. ADDRESS UNION YEYOM'CL HOPITAL MATORY 24D. LOCATION (City, tow 1 Pk. Cem. Balto. Md. 25C. FUNERAL DIRECTOR	n, or cauniyl (State)
24A. BURIAL CREMATION, 24B. DATE 24G.N/ REMOVAL (Specily) 4/24/72 Mo	DEGREE Physical Control of Camera of Camerary of Crescolar Camerary of Crescolar Camera of Crescolar Camera of Camer	Director Phys. 23 3D. ADDRESS UNION YEYOM'CL HOPITAL MATORY 24D. LOCATION (City, tow 1 Pk. Cem. Balto. Md. 25C. FUNERAL DIRECTOR	n, or cauniyl (State)
Burial CREMATION 248. DATE 24C. N/ Burial 4/24/72 Mo	DEGREE Physical Control of Camera of Camerary of Crescolar Camerary of Crescolar Camera of Crescolar Camera of Camer	Director Phys. 23 3D. ADDRESS UNION YEYOMAC HOPITAL MATORY 24D. LOCATION (City, tow Pk. Cem. Balto. Md. 25C. FUNERAL DIRECTOR Schimunek Funeral Homes,	n, or cauniyl (State)



60-77-96 djr

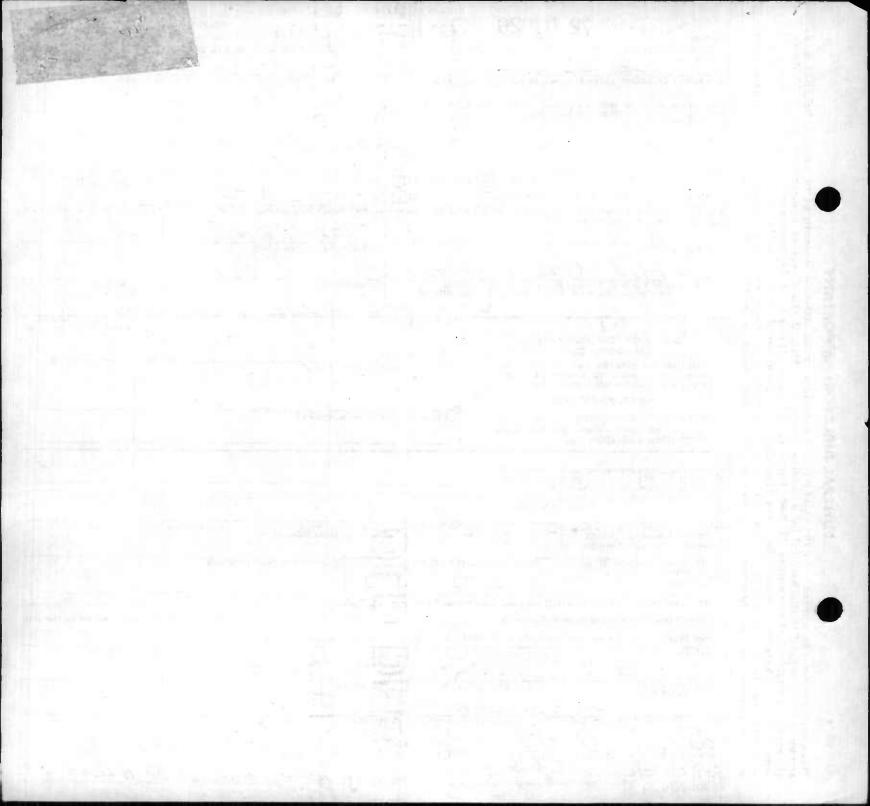
	Delas			BALTIMORE CITY	HEALTH DEPARTMENT		170 04	005
	INTH NO.	72 04	025	CERTIFICA	TE OF DEATH	REG. NO	12 04	025
	NAME OF DEC	AllAI Lo	UIS		4	HOUR OF DEATH	2 14/4	M M
3	I PLACE IN BAL	TIMORE, MARYLAND, W	HERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (Who	e deceased lived. If	institution; residence	before odmission
	FULL NAME OF A CONTROL OF A CON	ADDRESS OR LOCA	L OR INSTIT	UTION, GIVE STREET	Maryland c.city or town	D. IN	SIDE CITY LIMITS?	600
3	1. / 4	CERR CITY			Hyattsville E. STREET AND NUMBER		YES	ио 🔯
5	.940 Easte	ern Avenue Ba			2001 Orlethor	ne Street	20782	
	Male	NEGRO	MARRIED WIDOWED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH	ost birthday	Months Doys	If Under 24 Hrs. Hours Min.
10	A. USUAL OCCU	PATION (Give kind of work		BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	on country!	112. CITIZEN OF	WHAT COUNTRY?
de	one during most of y	vorking life, even if retired)			TRINIDAD		TRIN	
13	FATHER'S NAM	. •			14. MOTHER'S MAIDEN NAM	A.E.		7.11
	6	ouis PAL			ANGRE	A		
CA	es, no or unknown!	Ever in U. S. Armed Forc (If yes, give wor or dotes	es? of service	SECURITY NO.	17. INFORMANT	4940 Easte:	rn Avenue	ESS
-	100	0		NONE		Baltimore,	Maryland	21224
		E OR CONDITION DIR	ECTLY	CAUSE OF DEATH	Cardia			DXIMATE INTERVAL N ONSET AND DEATH
	heori loilure,	ol meon the made of asthenia, etc. Il means plication which coused	he disease	DUE TO, OR AS A	CONSEQUENCE OF	i jevij	11 30	ay s
		NTECEDENT CAUSES		(B) <u>Del</u>	forated vis	cus	/	
	rise to the	R CONDITIONS, it a above couse (A) CONDITION last.	ny, giving stoling fhe	(c) 9/aft	US HOST M	reage	2	weeks
ATION	OTHER SIGNIFIC	[] CANT CONDITIONS CON I BUT NOT RELATED TO TH ENDITION GIVEN IN PART	E TERMINAL	CH	F			
ERTIFIC	19A. DATE OF	OPERATION 198, COND.	ITION FOR V	VHICH OPERATION	20A. AUTOPSY? (Yes or No)		AUSES OF DEATH?	DERED
CALCE	21A. ACCIDEN	T WAS UNDERLYING TING CAUSE OF	21B, hom etc.)	PLACE OF INJURY (e.g., in e, form, foctory, street, off	or obout 21 C. WHERE DID		re City, give exoct i	ocotion)
MEDI	21 D. TIME OF INJURY (APPROX.)	(Month) (Doyl (Year)		INJURY OCCURRED Ie At Not While At Work	21 F. HOW DID INJU	RY OCCUR?		
	22. I certify t	that (1) (this hospital)			3/15 19	72 ta	V/25	1072
		ost sow the deceased		4/25	// -	In (my) (aur) op	lalan death accu	read on the date
	and hour and	fram the causes state	d abave. (1)	(We) (did) (did not) vi	ew the bady after death.		The state of the s	ned on the daily
	23A. SGNATUR	16 Con	0.8	Alten Phys.		taff bys.	238, DATE SIGNI	62
1	23C. PHYSICIAN NAME (Ty	rs pel	1	DEGREE	D. ADDRESS		17/23/	16-
1/24	A. BURIAL CREA	AATION, 248, DATE	natru	da MD DEGREE	4940 Easte	ru Auc	Balt	14
	REMOVAL (Sp	ecifyl 4/214	24C.NA	ME of CEMETERY OF CREATED BROOK	MATORY 24D. LO	CATION	ity, town, or county	
25	A. DATE REC'D	Y HEALTH DEPT.	SB. NAME O		25C, FUNERAL DIRECTOR	NIDAY	WES/	INDIES

APRZD 5801 Cleverand AVE-WOW? VS 150-REV. 1/1/68

X 7-4-43 ... Levis PHOAD John H. American 112

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1.1	BALTIMORE CITY	HEALTH DEPARTMENT							
W-252 72 04026	CERTIFICA	TE OF DEATH	EG. NO. 72 51025						
1. NAME OF DECEASED (Type or Print) GEORGE W. WA	ISHINGTON	2. DATE AND HOUR 4-26	OF DEATH 920 -72 AM.						
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUN	CED DEAD	A STATE & COUNTY	ed lived. If institution: residence before odm/ssion)						
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTE ADDRESS OR LOCATION)	ON, GIVE STREET	C, CITY OR YOWN	MARYLAND 1901						
BON SECOURS HOSP.		BALTIMORE	YES NO						
SH Sewords Flosp.		BRUCE	ST.						
S. SEX MALE BLACK MIDOWED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH 9. AGE (1 last birthd) 70							
IOA USUAL OCCUPATION (Give kind of work 108, KIND OF B	USINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country	12 CITIZEN OF WHAT COUNTRY?						
dane during most of working life, even if refired)		MARYLAND	0 (l. 5. A.						
13 FATHER'S NAME	water d	14 MOTHER'S MAIDEN NAME	i=nnon)						
15. Was Decessed Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war at dates of service)	6 SOCIAL SECURITY NO.	17. INFORMANT	31/NADDRESS						
	215-18-3069 A	612711= 1	1/05 Hubban Balto, M						
18. 11 1 9 66 1	CAUSE OF DEAT	H	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH						
DISEASE OF CONDITION DIRECTLY LEADING TO DEATH	ASCVI	WITH ACUTE	CORONA 3 MOS						
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	This does not mean the mode of dying, e.g., each failure, asilhenia, etc. it means the disease.								
Injury or compileation which caused death.)									
ANTECEDENT CAUSES	(B) HEA	ICT FAILUICE							
DISEASES OR CONDITIONS, If any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.	(c)	A CONSEQUENCE OF:							
11	(C)								
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL TO ISEASE OR CONDITION GIVEN IN PART 1 (A).			***************************************						
19A- DATE OF OPERATION 19R CONDITION FOR WE WAS PERFORMED	TICH OPERATION	20A AUTOPSYZ (Yes or No.) 20B. IF	TES, WERE FINDINGS CONSIDERED						
O 121A, ACCIDENT WAS UNDERLYING!	form, factory, streat, o	n of about 21°C. WHERE DID ffice bldg. INJURY OCCUR?	(if In Boltimara City, give exoct location)						
21D. TIME (Month) (Day) (Year) (Hour) 21E, II OF INJURY (APPROX.) While	NJURY OCCURRED Not While At Work		:U R?						
22, I certify that (i) (this hospital) attended the		1-24 1072	10 4-24 1972						
that (i) (we) last saw the deceased alive on	4-24	19 72 and that In (my	(our) opinion death occurred on the date						
ond hour and from the causes stated above. (1)	(We) (did) (did not)	view the body after death.							
23A. SIGNATURE			23 B. DATE SIGNED						
Oscar E. Fernandi	DEGREE Phy		4-26-72						
23C. PHYSICIAN'S NAME (Type)	WIND ILLI	23D. ADDRESS RONI SECOLIZES LA	CP. BALTO, MD.						
24A. BURIAL CREMATION, 124B. DATE , 124C. NAM	ME of CEMETERY OF CR	EMATORY 124D. LOCATION	(City, town, or county) (Stotel						
BEMOVAL (Specify) 4/24/74 20	+ 12/VA	RLY MENO	TAP HILL MAN						
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF APR 2.6 1972	REGISTRAR	25C. FUNERAL DIRECTOR	5 1532 Holling St						
VE 160 PEV 1/1/48	200	VYWWYED X HA	1334 Molling 31						



1	124	THEALTH DEPARTMENT REG. NO. 72 04027
the	BIRTH NO.	ATE OF DEATH
S	I.NAME OF DECEASED (Type or Print) JACOB SHAPOS	2. DATE AND HOUR OF DEATH
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	April 23, 1972 11:10 Pm.
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	A. STATE B. COUNTY MARYLAND
	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION!	C. CITY OR TOWN D. INSIDE CITY LIMITS?
	CI	BALTIMORE YES NO
	LEVINDALE	E. STREET AND NUMBER 2525 W. BELVEDERE AVENUE
	5. SEX 6. RACE WILLTIME 7. MARRIED NEVER MARRIED X	
ľ	MALE HUMAN WIDOWED DIVORCED	1- 4 -1901 71
	10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTR done during most of working life, even it retired)	Y 11. BIRTHPLACE (State of foreign country) 12. CITIZEN OF WHAT COUNTRY?
	SALESMAN RETAIL	RUSSIA USA
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	ELLIS SHAPOS	ESTHER
	15. Was Deceased Ever in U. S. Armed Farces? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	MR. MOSE MORRIS, JR., 62 c/o DIPLOMAT APT.,
۱	NO 219-16-7505	M APT. 101, 3737 CLARKS LANE, #21215
	18. 4/0 I CAUSE OF DEA	TH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
I	*DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	USE ACUTE MYOCARDIAL INFARCTION Months
١	heart failure, asthenia, etc. If means the disease	A CONSEQUENCE OF:
	injury ar camplication which caused death.)	USE ACUTE MYOCARDIAL INFARCTION Months A CONSEQUENCE OF: Luonary edema 24 Hows
	ANTECEDENT CAUSES (B) (B)	Emonary edema 24 HOWS
ĺ	rise to the above cause (A) stating the	S A Consequence or:
	UNDERLYING CONDITION last. (C)	***************************************
	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
	19A DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY 2004 M. No. 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
н	U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g.	in or about 21 C. WHERE DID. (If to Religence City also and built and
	OR CONTRIBUTING CAUSE OF home, form, foctory, street, etc.)	Affice bldg. INJURY OCCUR?
l	21D.TIME (Month! (Doy) (Year) (Hour) 21E INJURY OCCURRED While At The Not Wh	21F. HOW DID INJURY OCCUR?
١	(APPROXI Work At Work	le 🗆
l		September 15 1971 to April 23 1972
		19_72 and that in (Ki) (our) apinian death occurred an the date
	and haur and fram the causes stated above. 20) (We) (did) (didXXX)	view the bady after death.
	23A. SIGNATURE	238, DATE SIGNED
		ending Med. Shoff April 24, 1972
	NAME (Type)	23D. ADDRESS
-	SOON CHUL HONG, M.D. DEGREE 24A. BURIAL CREMATION, 24B. DATE 24C.NAME of CEMETERY OF CI	LEVINDALE
	24A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY OF CI BURIAL 4-25-72 BALTIMORE HEBREM	
	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
	APP 26 1072 Qual 3 d 2 0 0 0	SOL LEVINSON, & BROS., 6010 REISTERSTOWN ROAD

VS 150-REV. 1/1/68

9/15/71 House in the Pines only Prev. Aldress

AIUSZE

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. FUNERAL DIRECTOR: IMPORTANT

L-53072 04028		TE OF DEATH REG. NO.	72 04028
I.NAME OF DECEASED			ATH
	LANDA	4-25-72	1 5:30 A.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONI FULL NAME OF (IF NOT IN HOSPITAL OR INST. HOSPITAL OR ADDRESS OR LOCATION)		A. USUAL RESIDENCE (Where deceased lived A. STATE B. COUNTY	. If institution, residence before admission)
SINAI HOSPITAL		E. STREET AND NUMBER CAVES RD.	YES NO
5. SEX 6. RACE 7. MARRIER	NEVER MARRIED		
FEMALE XXWHITE WIDOWE	DIVORCED T	05-29-1906 lost birthdoy 6	Months Doys Hours Min.
	of business or industry HOME	WASHINGTON, D. C.	USA
13. FATHER'S NAME HERMAN HERBST		14 MOTHER'S MAIDEN NAME BETTY UHLFELDER	
15. Was Docoased Ever in U. S. Armed Forces? (Yes, no or unknown) Uf yos, give wer or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
NO		MR. IRV NG LANDAY, CAVES	PD OWINGS MILLS MD
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	CAUSE OF DEATI		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IThis does not mean the mode of dying, e.g. heart failure, osthenia, etc. It means the disease injury ar complication which caused death.)	DUE TO, OR AS	SE C /-/ /= A CONSEQUENCE OF:	**************************************
ANTECEDENT CAUSES	(B) RE	NAL FAILURE A CONSEQUENCE OF:	
DISEASES OR CONDITIONS, il any, giving rise la the abave cause IA) stating the UNDERLYING CONDITION last.		A CONSEQUENCE OF: SC VP	***************************************
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	400000000000000000000000000000000000000		
19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED	WHICH OPERATION	20A. AUTOPSY? (Yos of No.) 20B. IF YES, W. IN CERTIFYING	ERE FINDINGS CONSIDERED CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examines)	B.PLACE OF INJURY (e.g., in me, form, loctory, street, off)	or obout 21 C. WHERE DID (If In Bolice bldg., INJURY OCCUR?	filmore City, give exoct locotion)
E (APPROX)	L INJURY OCCURRED hile At	21F. HOW DID INJURY OCCUR?	
22. I certify that (1) (this haspital) ottended		3-2,3 1972 to	4-25 1972
that (I) (we) last saw the deceased alive an	4-25	19 72 and that in (my) (aur)	apinion death occurred on the date
and haur and from the causes stated above. (1) (We) (did) (did nat) vi	ew the bady after deoth.	
23A. SIGNATURE The Fast Own h	MD Atter		23 B. DATE SIGNED 4-25-72
23C.PHYSICIANS NAME ITYPE PER OROS	CLAN 110	3D. ADDRESS 3 HATILL RD	APT 5
RENTO VAL (Specify)	AME OF CEMETERY OF CREATERS	BALTIMORE, M.	ICity, town, or countyl IStote) ARYLAND
APR 26 1972 Pagna & Jaike	OF REGISTRAR	SOL LEVINSON & BROS.,6	ADDRESS 010 REISTERSTOWN ROAD
/S 150-REV, 1/1/68			

SELECTION DESCRIPTION

TOURS ALREIT

HOUSEVIEW WE HOTEL WASHINGTON IN C.

TRANSPORT TRANSPORT TRANSPORT

Section of the property of the section of the secti

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

	BALTIMORE CITY	HEALTH DEPARTMENT		- 1000
J-212 72 04029	CERTIFICA	TE OF DEATH	REG. NO.	72 64029
1. NAME OF DECEASED ROSE WIJAC	0 85011	2. DATE AN	HOUR OF DEATH	8:40P M
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (When	e deceased lived. If ins	stitution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTE ADDRESS OR LOCATION)	UTION, GIVE STREET	MARYLAND		2720
INSTITUTION	01	C. CITY ORTOWN	D. INSI	YES NO NO
Sensi fospital of D	altimore	E. STREET AND NUMBER	rds La A	PT. D 2/2/5-
5. SEX 6. RACE 7. MARRIED WIDOWED	INEVER MARRIED	3-/5-98	9. AGE (In vertis	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF done during most of working life, even if retired)	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or forei	gn gounty)	12. CITIZEN OF WHAT COUNTRY?
HOUSEWIFE AT HO	ME	EXMORE, VIRGI	NIA	USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM		
WOLF BENJAMIN		ENA ?		
(Yes, no or unknown) (If yes, give wor or dotes of service)	SECURITY NO.	17. INFORMANT		ADDRESS
NO			JACOBSON, 36	26 FORDS LANE, APT. I
18./33,81	CAUSE OF DEATH	1. 1.1. 0		APPROXIMATE INTERVAL SETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	/NJ:	as fathe co	erun	1
(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease,	(A) IMMEDIATE CAU	CONSEQUENCE OF	A	
injury ar camplication which caused death.)		of the C	olon	
ANTECEDENT CAUSES	(B)	<i>(</i>)		
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the	DUE TO, OR AS	A CONSEQUENCE OF:		
UNDERLYING CONDITION last.	(c)			
Z OTHER SIGNALS CONDITIONS CONTRIBUTIONS				
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 [A].				
19A. DATE OF OPERATION 19B. CONDITION FOR	WHICH OPERATION	20 A. AUTOPSY? (Yes or No	208. IF YES, WERE F	INDINGS CONSIDERED
5-yrs ago	BLACE OF INTHONY	an about 21 C WHERE DID	0f : . P - b:	
OR CONTRIBUTING CAUSE OF DEATH (notify modical examiner)	ie, form, foctory, street, of	or obout 21 C. WHERE DID INJURY OCCUR?	lit in Boltimore	e City, give exact location)
OF INJURY	INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
(APPROX.)	ile At Not While		2 - /	
22. I certify that (I) (this hospital) attended t		4	19 /2 to	19
that (I) (we) last sow the deceased alive on	4-24	19ond the	ot in (my) (our) api	nian death accurred an the dote
and hour and from the couses stated above.) (We) (did) (did not) v	iew the body ofter death.		
23A. SIGNATURE	m.D. AHO	nding Med.	Staff	238, DATE SIGNED
22C BHYSICIANES	GEGREE Phys		Phys.	4-29-1
23C. PHYSICIAN'S NAME (Type)	4.0		for	
24A. BURIAL CREMATION, 24B. DATE 24C. N	AME of CEMETERY OF CRE	MATORY 24D. L	OCATION (Ci	ly, town, or county) (Stote)
REMOVAL (Specify)				
	AREI TFILOH DE REGISTRAR	2SC. FUNERAL DIRECTOR	TIMORE, MAR	ADDRESS
APR 26 1972 Robert & Jables		SOL LEVINSON 8	BROS.,6010	REISTERSTOWN ROAD
VS 150-REV. 1/1/6B		3 0 2 4		

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This certificate must be appraved by the chief medical examiner or his assistant if death occurred in a haspital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shaws: (1) An accident of any nature; (2) Bady burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pranounced death was in regular attendance an the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written appraval must be obtained befare the remains are embalmed or final dispasitian is made.

	1	M-53	34	72 040	30	BALTIMORE CITY CERTIFICA				REG. NO.	72	04	1030
	1. NAME OF DECEASED									н			
		oe or Print)	H	LBER		WIND	= 4		4		72	D1.	6.50 P.M.
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE IWhere A, STATE B, COUNTY									e deceased lived. If		residence	befare admission)
	HO	LL NAME OF	(IF NOT IN	HOSPITAL OR IN	STITU	TION, GIVE STREET	14)	OR TOWN		BANTO		5	300
1	1		,	11 0==	· A .	61 m)	11 0 .	LTIMOR	12	D. II	VES V	_/	поП
	L	DIMER	CAN -	HOSPII	1+2	of mo.		EET AND NU	MBER	0 40 46		J	МО
	5. \$	S. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (in years if Und									or 1 Yr.	If Under 24 Hrs.	
	1	MALL	White	WIDOY	_	= / =	10	1010		lost birthdoy	Months	Doys	Hours Min.
	10A.	USUAL OCCUP	ATION (Give kind	of work 10B. KINI		BUSINESS OR INDUSTRY	11. BHR	HPLA CE (Stot	e or forei	gn countryl	112, CI1	IZEN OF	WHAT COUNTRY?
		A	orking life, even if r MERCHAN		DET	AIL	0	11001	1			ISA	
		ATHER'S NAM			IUL	XII.	14. MC	THER'S MAIL	DEN NAM	AE)OK	
-			M	INDEL				UN	IKNOW	N			
	15. V	Nas Deceased E	ver in U. S. Am If yes, give wor	ed Forces?		1 6. SOCIAL	17. INF	DRMANT				ADDRE	SS
		NO	it yes, give wor	of noies of selvi	Ce)	SECURITY NO. 213-34-5657	TDVI	N MIND	21 7	829 SOUTHE	DN CDC	nee n	D #21207
	-	18. 4	9 1			CAUSE OF DEAT		N MINDE	د رياد	629 300THE	RAV CRO	APPRO	XIMATE INTERVAL
			OR CONDITIO										ONSET AND DEATH
			EADING TO D		0.0	(A) IMMEDIATE CAU		Acon	TE	MYOCAR	DIAL	G	o hours
		LEADING TO DEATH (This does not mean the made of dying, e.g., heat failure, asthenia, etc., it means the disease, injury or complication which caused death.) (A) IMMEDIATE CAUSE A COTE MYOCARDIAL (C) DUE TO, OR AS A CONSEQUENCE OF: INFARCTION:											
			TECEDENT CA										
Ш		DISEASES OR CONDITIONS, if ony, giving DUE TO, OR AS A CONSEQUENCE OF:											
		ise to the obove cause (A) stating the UNDERLYING CONDITION last. (C)											
	ŀ		- 11			(0/				***************************************			
		OTHER SIGNIFIC	ANT CONDITION BUT NOT RELATE	S CONTRIBUTION	NG			-	-				
	4 1	DISEASE OR COL	NDITION GIVEN	IN PART 1 (A).		HICH OPERATION	100.1						
	ERTIFIC	()	WA	S PERFORMED	OR W	HICH OPERATION	20A.	AUTOPSY? IY	es or Net	IN CERTIFYING C	AUSES OF	DEATH?	DERED
	U	21 A. ACCIDENT	WAS UNDERLY	ING	21B. P	LACE OF INJURY le.g., in	01 0 bou	121C. WHERE	DID	(If In Boltim	are City, gi	ve exoct le	ocotion)
	2	DEATH (notify m	redicol exominer)	_	etc.)	, form, foctory, street, af	ice bldg.	INJURY OC	CU R?	_			
	0 2	21 D. TIME (I	Month) (Doy)	(Hour)	21E. J	NJURY OCCURRED		21F. HOW	DID INJU	IRY OCCUR?			
	2	(APPROX.)	_		While Work	Not While				_			
	2	22. I certify th	ot (1) (this ho	spital) attende	ed the	deceased from	U	- 24	- 1	9 7210	41-	24.	19 72
			st sow the de			4-24-	19				olnian dea	th occu	
and haur and from the causes stoted above. (t) (We) (did) (did not) view the body after death. 23A. SIGNATURE													
									D				
				1) au	T	After Phys	ding	Med. Director		Staff Phys.			
	2	NAME ITyp	5	SAMF	AT	m.g.	3D. ADE	RESS	2 N	HOSPITI	22	OP	mo
	24A.	BURIAL CREMA	ATION, 24B. DA	TE 240	. NAA	GEGREE ME of CEMETERT OF CRE				CATION	Cia. Aire		15:
		BURIA	Li 4-20			JACOB VESHE			ROS	EDALE, MAR	YLAND	or countyl	[Stote]
	25A.	DATE REC'D B	HEALTH DEPT.			REGISTRAR		FUNERAL DI				ADD	
		APRZO	19/2 16	See E. Va.	بنقائك	51 0 0	SOI	LEVIN	SON E	BROS.,601	O REIS		
1	/S 1	50-REV. 1/1/68					-	/					

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THE PERSON WAS ARREST TO THE PERSON.

THE REAL PROPERTY.

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1	7		BALTIMORE CITY	HEALTH DEPARTMEN	T	(AC)23			
BIRI	72 0	4031	CERTIFICA	TE OF DEAT	H TREG. NO	72 04031			
	AME OF DECEASED			2. DAT	E AND HOUR OF DEAT	Н			
Стур	FRANCES :	SODIE		AP	RIL 24, 1972	2:05 P. M.			
	LACE IN BALTIMORE, MARYLAND, WHE				Where deceased lived. If	institution: residence before admission)			
HO	L NAME OF (IF NOT IN HOSPITAL SPITAL OR ADDRESS OR LOCATION	OR INSTITU	TION, GIVE STREET	C. CITY OR TOWN	10 10	ISIDE CITY LIMITS?			
INS	TITUTION			BALTIMORE		YES NOT			
0	MT. SINAI NURSING H	OME		E. STREET AND NUMB		123			
7	V	OME		2 QUIMPER	COURT				
S. S		MARRIED [NEVER MARRIED DIVORCED	8. DATE OF SIRTH	9. AGE (In years tost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.			
	USUAL OCCUPATION (Give kind of work 10	B. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote of	r foreign country)	12. CITIZEN OF WHAT COUNTRY?			
done	during most of working life, even if retired)	ATT III	21.00	POLAND		TICA			
13. 1	HOUSEWIFE	AT HO	JME	14. MOTHER'S MAIDEN	NAME	USA			
	CHARLES PRESS			ANNA	?				
15. V (Yes	Nos Deceosed Ever in U.S. Armed Forces (no or unknown) (If yes, give wor or dotes of	? of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS			
	NO			MRS. REGINA	JACOBS, 2 QUI	IMPER CT. APT. 3 A			
	18.4 10 4 1		CAUSE OF DEAT	n d	,	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
	DISEASE OR CONDITION DIREC	CTLY	/	dade my	10 card, a	1 5 mmsts			
	LÉADING TO DEATH		(A) IMMEDIATE CAU		at an F	/			
	(This does not meon the made of dy heart failure, asthenia, etc. It means th		DUE TO, OR AS	A CONSEQUENCE OF: /	0:001/	02			
	injury ar camplication which caused de				Sevent				
	ANTECEDENT CAUSES			alired at	enoscleso	111 2007			
	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS			A CONSEQUÊNCE OF:		N			
	rise to the above cause (A) stating the								
	UNDERLYING CONDITION last.		(C)						
NOI	OTHER SIGNIFICANT CONDITIONS CONT TO THE DEATH BUT NOT RELATED TO THE								
CAT	DISEASE OR CONDITION GIVEN IN PART 1	(A).	VUICH OPERATION	20A. AUTOPSY? (Yes	or Noll 208 IE VES WEB	E FINDINGS CONSIDERED			
ERTIFIC	WAS PERFO	RMED			IN CERTIFYING	CAUSES OF DEATH?			
CAL CI	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21 B. home	PLACE OF INJURY (e.g., i e, form, foctory, street, of	n or obout 21C. WHERE D ffice bldg., INJURY OCCU	1D (If in Softin	nore City, give exact location)			
Ö		Hour) 21E.	INJURY OCCURRED	21 F. HOW DIE	INJURY OCCUR?				
2	OF INJURY (APPROX.)		le At Not Whil	• 🗖					
		Worl							
	22. I certify that (I) (t his hospital) (attended th	e deceased from	~ 0 ~ ~ \	19 (fil the the following the conserved to the tenter of t			
	that (I) (we) lost sow the deceased	alive on	Johns	213 19 / 2 01	nd that in(my) (our) o	pinion death occurred on the dote			
	and hour and from the causes stated above. (1) (We) (did not) view the body after death.								
	23A. SIGNATURE				-	23B. DATE SIGNED			
	Auma 1	1692	DL.	mding Med.	Staff Phys.	4/25/72			
	23C. PHYSICIAN'S	Oct	DEGREE	23D. ADDRESS		/ / /			
	NAME (Type)	DITT TO			III Y GI IMC				
	SEYMOUR		DEGREE		HEIGHTS AVENU				
24A	REMOVAL (Specify) 24B. DATE	24C. NA	ME of CEMETERY or CRI	EMATORY 2	D. LOCATION	(City, town, or county) (State)			
	BURIAL 4-26-72	WOF	RKMEN CIRCLE		BALTIMORE, M	MARYLAND			
2SA			F REGISTRAR	2SC. FUNERAL DIRE		ADDRESS			
	APR 2 5 1972 (1480 A)E	. Table	6 263, B B	SOL LEVINS	ON & BROS.,60	10 REISTERSTOWN ROAD			
VS	1SO-REV. 1/1/68	-1			4				
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110:15	BALTIMORE CITT	PULLI PELVILLE	
	EVALUEDIC.		

RIG	TH NO.		MED	ICAL	EX	CAMINER'S	CERT	TIFIC	ATE O	F D	EAT	H REG.	NO	2	0.40	30
-	NAME OF DE	CEASED					2. DA	TE	Known 🔲	M	o nth	Doy	, Y	eor	Hour	
	e or Print)		cob Coh	en			0	F	Estimoted [_					-	
4. 1	PLACE IN BA				RONO	UNCED DEAD	3. DA	ATH			onth	Doy	Y	(eor	Hour	М.
FUL HO	JLL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) RINSTITUTION								NCED DEAD	6.2	4	24	7	2	5:00	P • M.
- C	University Hospital							Md	SIDENCE (Wh	ere dec	12	B. COU		ence b	elore odmi	ssion)
6. 9	EX	7. RACE		8. MARE	RIED X	NEVER MARRIED	C. CII	Y OR T			1	D. INSI	DE CITY LIA	AITS?		
	male	Whit		WIDOV	WED [DIVORCED [11		XLUTHER	VIL	LE		YES 🗌		NO 🗆	
9. [ATE OF BIRT	Н	lost biendo		Month	der 1 Yr. If Under 24 Hrs. is Doys Hours Min.	E. STI		Margat	e Rd						
11.	BIRTHPLACE (State or fore	ign country)			TIZEN OF	13. FA		NAME							
	BALTI	MORE, N	MARYLANI	D	W	HAT COUNTRY?		LO	UIS COH	EN						
14A		PATION (GI	ive kind of work		OF B	USINESS OR INDUSTR	Y 15. M	OTHER'	S MAIDEN N	AME						
	MERCH		ven aremed,		RET	AIL		F	ANNIE		?					
16.	WAS DECEAS	ED EVER IN	U.S. ARMED	FORCES	5?	17. SOCIAL SECURITY NO.	18. IN	IFORM.	ANT				ADDRES	SS LI	JTHER\	ILLE.
	NO	All yes, give	wor or doles	of service		212-30-1143	MRS	. CH	RISTINA	COL	HEN.	109	MARGAT			
	19.	2 4				CAUSE OF DEA								API	PROXIMATE I	NTERVAL
	DISEAS	E OP CON	DITION DIREC	TIV		Arterioso	lar	atic	cardio	17250	117 2	r die	0250	000	ELIA OTABLI I	NO DENII
	DISEA	LEADING T						JLIC	cararo	vasc	u La.	c dis	casc			
	(A)IMMEDIAILE CAUSE (A) IMMEDIAILE CAUSE (1-						
	injury or co	heort loilure, osthenio, etc. It means the disease, injury or complication which caused death.)														
	AND CORPORATE CAMERO															
		OR CONDIT	IONS, IF ANY	GIVING		(8)DUE TO, OR	AS A C	ONSEQ	UENCE OF:					+-		
	RISE TO TH	E ABOVE CA	AUSE (A) STA	ING THE												
2	ONDEREN	NO CONDI	TION LASI.			(c)								-		
Ĕ	OTHER CICA	UE104 NIZ CO	11	21701011	TINIC			100								
S	TO THE DE	ATH BUT NO	ONDITIONS CO	THE TERM	UNAL											
CERTIFICATION			N GIVEN IN PA			WILCH OPERATIONS W	AC DED						In	1	nava (V.	11-1
S	1	FOREKANO	714 206. COI	MDIIION	FORV	VHICH OPERATION W	AS PEK	FORME	D				21.		PSY? (Yes	or Noj
1 1	22A. FXTER	NAL CALLER	10/45		loop m					40.					yes	
MEDICAL	UNDERLYING		VTRIB-		hom e,	LACE OF INJURY(e.g., form, foctory, street, oific	e bldg.,	etc.) IN	JURY OCCUR	? (II In	Boltimo	re City, gi	ve exoct loca	tion)		
Σ	OF INJURY	(Month) ((Doy) (Yeor) (Hou	r) 22	E.INJURY OCCURRED		22	F. HOW DID	NJUR	OCC	UR?				
	(APPROX.)						WHILE ORK									
	23.						O KIN L									_
	1 cer	tify that I	held on I	nquiry [Inspection . Au	topsy :	(2)	and that or	this	basis,	death 1	n my opini	on		
	resul	ted fram: I	Notural cau	ses 🖾	As	eldent Suicid	le []	Hon	alcide 🗌	Und	etermi	ned mar	ner 🗌			
		Kii	1	- 1	1) ,			HIEF MEDICA	L EXAM	AINER					
	ACTUAL /// ACTUAL // ACCIPTANT MEDICAL EVANINES T										DATE SIG	NED				
	SIGNAT		ann an II	Cont	/	M.D			LATE MEDICA						4/25/	72
	NAME (rner U.	5p1	LZ,	Deput			Medica			ner			,,,	7-11
24/	BURIAL CRE	MATION.	248. DATE		240	NAME of CEMETERY	or CRE	MATOR	Y 24	D. LOC	ATION	(City	, town, or c	ounty)	(Ste	ote)
KE	MOVAL (Spec		4-26-72	,	,	MIKRO KODESH			10	ATT	IMOD	E 144	DVIANI			
25	. DATE REC'D		The second second			OF REGISTRAR	1	25C FI	INERAL DIRE		LINUR	E, M	ADDRE			
	APR 26		00-	1 -		A D			LEVINSC		RDC	5 60			DCTO	NI DOAT
	ALKYA	13/4	المعانات	C. Va	4044	, M. M.		001	TE ATHOC	14 d	DAG	0.,00	TO KE	PIL	:K210W	N KUAI

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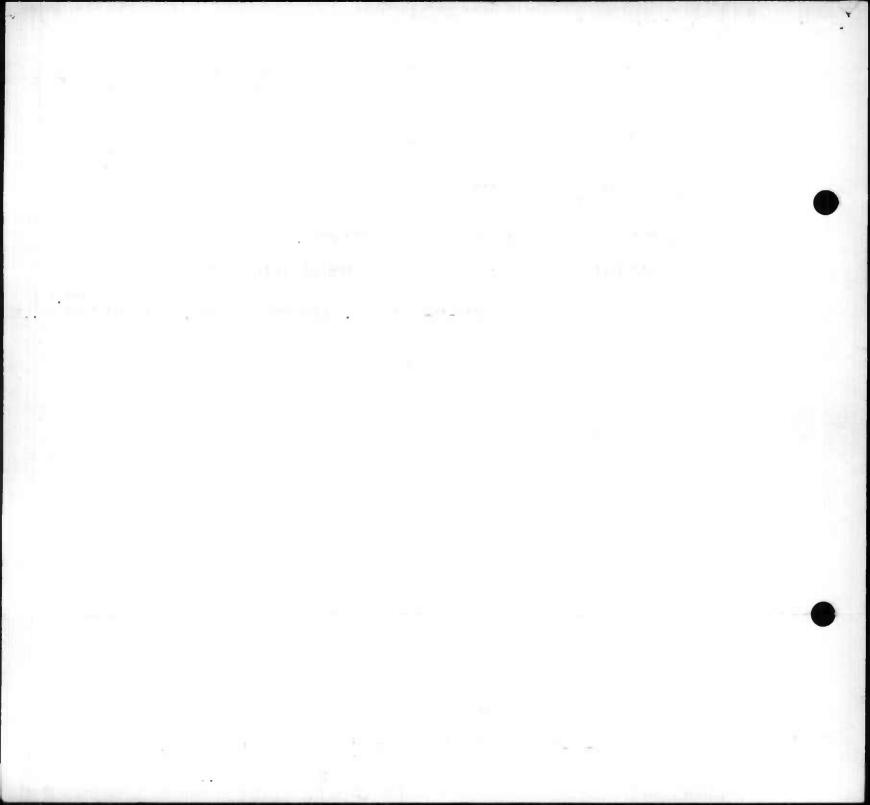
MERCO BYGOLD HALFYRNU TEMPETELLER THE TRADERS OF SELECT ACTUALITY AND EAST-OF-TER GRAFFACE TREET TOOK THE PARTY OF THE PARTY OF THE PARTY OF

	0-611	- '7'9	0403	BALTIMORE CITY	HEALTH DEPARTA	MENT		יאח ה	1000	
В	RTH NO.	, , , ,	O T O O	CERTIFICA	TE OF DEA	ATH	REG. NO	(E U	1033	
1.	NAME OF DECE				12.	2. DATE AND HOUR OF DEATH				
Ľ	pe or Print)	AULINE DE	PIMA	N.		424.7		1 12.	KA M.	
3.		MORE MARYLAND, W			4. USUAL RESIDEN	CE (Where deceo	sed lived. If in:	stitution: residence be	fore odmission)	
FL	JLL NAME OF	UF NOT IN HOSPIT	AL OR INST	ITUTION, GIVE STREET	MARYLA			27	16	
IN	OSPITAL OR	ADDRESS OR LOC.	ATION)		C. CITY OR TOWN		D. INSI	DE CITY LIMITS?	1	
	SINA!	HOSXITAL O	F BA	TIMORE	BACTIME			YES NO		
6	+ >			/020	E. STREET AND NO					
5.	SEX 16	, RACE	17			BELVED				
-	-EMALE	XX WHITE		NEVER MARRIED	8. DATE OF SIRTH	lost high	(In years	If Under 1 Yr. If Months Doys Ho	Under 24 Hrs.	
10/			WIDOWEI	DIVORCED DIVORCED DE BUSINESS OR INDUSTRY	5.11-19	00	764			
do	ne during most of wo	orking life, even if retired)		or position of the positi	11. BIKITITEACE (SIO	te of loteign count	iry)	12. CITIZEN OF WE	AT COUNTRY?	
12	HOUSEW		AT	HOME	RUSSIA			USA		
l Ja	FATHER'S NAM				14 MOTHER'S MAI	DEN NAME				
	?	GELLER			UNKNOWN					
15. (Ye	Was Deceased E s, no or unknown) (ver in U. S. Armed For If yes, give wor or dote	ces? s of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT			ADDRESS		
	NO	74		account No.	MR. HAROLD	PERLMAN,	1333 RC	DLAND HEIGH	ITS AVENU	
_	18.4/9	if I		CAUSE OF DEATH	1			APPROXIM	# Z 1 Z I	
	DISEASE	OR CONDITION DI	95C.V.S			ISET AND DEATH				
		EADING TO DEATH		(A)IMMEDIATE CAU	SE ACCITE A	CICMONA.	ey ese	MA	41	
	heori loilure, os	moan the mode of sthenio, etc. It means	the disease		A CONSEQUENCE OF:	*************			J	
	injury or compl	ication which caused	death.)	•						
		ITECEDENT CAUSES	(8)	JECIMONI	9		3	£ 1.		
	DISEASES OR	CONDITIONS, if above cause (A)	DUE TO, OR AS	A CONSEQUENCE OF	F:	***********	***************************************	************		
	UNDERLYING	CONDITION last.	siding in	(c)						
]]				**************				
NOI	OTHER SIGNIFIC	ANT CONDITIONS COL BUT NOT RELATED TO TH	TRIBUTING							
ATI	DISEASE OR COM	IDITION GIVEN IN PART	1 (A).	************	******************		***************************************			
ERTIFIC	DATE OF O	PERATION 198 CON	ORMED	WHICH OPERATION	20A-AUTOPSY? (Yes of No.) 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?					
CER	21A. ACCIDENT	WAS UNDERLYING	[21	R BLACE OF INTERNAL - 1-	1 1210 1411					
CAL	OR CONTRIBUTE	WAS UNDERLYING D	hor	B. PLACE OF INJURY (e.g., in me, form, foctory, street, off	ico bidg., INJURY OC	CUR?	(II In Baltimore	City, give exact locat	ion)	
MEDI	OF INJURY	Month) (Doy) (Year)		E INJURY OCCURRED		DID INJURY OC	CUR?			
	(APPROX.)		w	hile At Not While ork At Work						
	22. I certify th	at (1) (this hospital)	ottended	the deceased from	4.20	19 72	ta 42	24.7	19 7-2	
	that (1) (we) la	ist saw the decease	d olive an	4.24	19 73	ond that in (m)	(aur) apini	on death accurred	on the dote	
	and hour and f	ram the causes state	ed obove. ((i) (We) (did) (did not) vi	ew the body ofter	deoth.				
	23A. SIGNATURE	B						23 B. DATE SIGNED		
		081718	RRE	Atten Phys.	ding Med.	r Shaff Phys.	1	4.24.7	2	
	23C. PHYSICIAN'	S			3D. ADDRESS	- 111/18. —	2	, 24 7	(.	
	The crype	FECIX OR	ITICE	PREZ	SINGI	WISA	rol			
24A	BURIAL CREMA	ATION, 24B, DATE		AME OF CEMETERY OF CRE		24D. LOCATION	(City	town, or county)	(Stote)	
	BURIAL			GRESSIVE RUDOM		ROSEDAT	E, MARY		(3(3)9)	
2SA	DUKTAL			OF REGISTRAR	2SC. FUNERAL DI	1	P PHAINTI			
-	PR 26 19		Pa Ben				S.,6010	REISTERSTO		
VS	150-REV. 1/1/68		1 0			751.0	2,,0010			

16/17/71 + 2835 Ligeenbe Circle, 5

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	the body was released to the nospital by a medical examiner. Also, it the direct or contributing cause of death shows: (1) An accident of any nature: (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause: (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	ire the remains are embalmed or tinal disposition is made.
This certificate must be approved by the chief medical examiner or	the body was released to the nospital by a medical examiner. All shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of	was D.O.A. at a hospital (except where the physician who pronou	deceased prior to death); and (6) No physician was in regular at	Written approval must be obtained before the remains are embalmed or tinal disposition is made.

	5 500 170	0.400	BALTIMORE CITY	HEALTH DEPARTMENT		79 04094
BII	D-522 72	04034	CERTIFICA	TE OF DEATH	REG. NO	72 04034
1.1	NAME OF DECEASED			The second second	NO HOUR OF DEATH	
(T)	ype or Printl GEORGE AXX	XXXXXX	XXXX DANZIGER		Z4.7Z	1:00 A
3,	PLACE IN BALTIMORE, MARYLAND, W			4. USUAL RESIDENCE (Whe	ere deceased lived. Il ins	titution: residence belare admission)
FL	ULL NAME OF (IF NOT IN HOSPIT	AL OR INSTIT	UTION, GIVE STREET	MARYLAND		2730
IN	OSPITAL OR ADDRESS OR LOCA	ATION)		C. CITY OR TOWN	D. INSI	DE CITY LIMITS?
	SINAI YOS PITAL	OF	39670.	BALTIMORE		YES NO
	42			E. STREET AND NUMBER	CSTAFF RE	1. 79
5.	SEX 6. RACE	7. MARRIED	X NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months: Days Haurs Min.
	MALE WHITE	WIDOWED		16.64.84	84	
da	A. USUAL OCCUPATION (Give kind at work ne during mast at warking life, even if retired)	10B, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fare	ign country)	12. CITIZEN OF WHAT COUNTRY?
	SALESMAN	RETA	IL	GLAUCHAU, GERM	MANY	USA
13.	FATHER'S NAME			14. MOTHER'S MAIDEN NA	ME	
	MAX DANZIGER			ROSALIE PHI	LLIPSBORN	
15. (Ye	. Was Deceased Ever in U. S. Armed Fores, na ar unknown) (If yes, give wor or date	ces? s of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESSAPT.T 5
	NO		219-18-0561	MRS. CHARLOTTE	DANZIGER, 29	907 FALLSTAFF RD.,
	18.412.41		CAUSE OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIE	ECTLY				
	(This does not meen the mode of	dvina en	(A) IMMEDIATE CAU		- Sonys	
	heart laiture, asthenio, etc. It means injury ar complication which caused	the disease,	DUE TO, OR AS	A CONSEQUENCE OF:		
	ANTECEDENT CAUSES	dedm./		4.7.1		2100
	DISEASES OR CONDITIONS, if	ana alulaa	(B)	A CONSEQUENCE OF:	- 5 449 9	
	rise to the above cause (A) UNDERLYING CONDITION last.	stating the	(c) ASCUS	A CONSEQUENCE OF:	20.48	
	- 11		\9/	***************************************	******************************	
ATION	OTHER SIGNIFICANT CONDITIONS COLTO THE DEATH BUT NOT RELATED TO THE	NTRIBUTING				
CAT	DISEASE OR CONDITION GIVEN IN PART 19A. DATE OF OPERATION 119B. CON	1 (A).	WHEN OPEN TION	120A	W 600	***************************************
CERTIFIC	WAS PERF	ORMED		20A. AUTOPSY? (Yes ar No	IN CERTIFYING CAU	NDINGS CONSIDERED SES OF DEATH?
CAL	OR CONTRIBUTING CAUSE OF DEATH (natify medical examine)	21 B. hom etc.)	PLACE OF INJURY (e.g., Ir ie, farm, factory, street, af	or obout 21C, WHERE DID	(If In Boltimore	City, give exact location)
LEDI	21D. TIME (Month) (Day) (Year) OF INJURY		INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
Σ	(APPROX.)	Whi	ile At Nat While			
	22. I certify that (1) (this hospital	attended ti			19 72 to	V-24 19 72
	that (1) (we) last saw the decease					ion death accurred on the date
	and haur and fram the causes stat			ew the bady after death.	Contract Con	
	23A. SIGNATURE			,		23B, DATE SIGNED
	GUITERRE	53	After Phys	Ading Med. Director	Staff Phys.	4-24-72
	23C. PHYSICIAN'S NAME (Type)		2	3D. ADDRESS	,	F 67 7 6
	FELIX GU	TIERR	E7 DEGREE	JINA! HO	SpITAL BI	CTIMORE
24/	A BURIAL CREMATION, 248, DATE REMOVAL (Specify)		AME al CEMETERY of CRE	MATORY 24D. LO	CATION (City	ALTINORE, town, or county) (State)
	BURIAL 4-25-72	CHE	EVRA AHAVAS CH			, MARKAMARYLAND
		25B. NAME C	F REGISTRAR	2SC. FUNERAL DIRECTOR		ADDRESS REISTERSTOWN ROAD
11-	150-REV, 1/1/68		-2141)-0	3000		



	BALTIMORE CITY HEALTH DEPARTMENT								
7.00-	72 04035 CERTIFICATE OF DEATH	REG. NO.	72 04035						
and eath ased the Such	un NO.								
_ D 0 E	pe or Print) Mrs. Gladys E. Greenwood Hog	HORI 24 1912 345 PM							
cause of use; (5) Decendance of to death.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (WHERE PRONOUNCED DEAD A. STATE B. COU	nere deceased lived. Il inst	itulion: residence before admission)						
	ILL NAME OF STATE (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) Maryland C. CITY OR TOWN Baltimore	D. INSID	E CITY LIMITS?						
ing ing cau	Edgewood Nursing Home E. STREET AND NUMBER 111 Croyd	en Road	YES NO						
but ned lar d p	SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hauss Min.						
rmi egu	emale white widowed to DIVORCED April 9,190	3 ast birthdoy) 69							
co dete in r	e during most of working life, even if refired)	reign country)	12. CITIZEN OF WHAT COUNTRY?						
or nd de de	homemaker Balto. Md.		USA						
D + O S S S S S S S S S S S S S S S S S S	FATHER'S NAME 14. MOTHER'S MAIDEN NA	AME							
r if dea irect or (4) Unc was the d ispositi	Berthold Ehrlich Sarah Pim	Sarah Pimes							
ロコーナーロ	Wos Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT		ADDRESS						
the the kir kir de nce	no SECURITY NO. 214-18-3989 Burton E. Gree	nwood 1370 W.	North Ave.Balto.Md.						
F 4 70 0 .	CAUSE OF DEATH		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH						
his of an or need or send or send or send	DISEASE OF CONDITION DIRECTLY LEADING TO DEATH LEADING TO DEATH	1) 1 -							
Also, and	This does not meon the mode of dying, e.g., (A) IMMEDIATE CAUSE 1-1 / 1/3 CAUSE OF:	Graden!	27125-						
ttur ttur ar bal	heart foilure, ostheria, etc. Il means the disease, injury or complication which caused death.	A .							
- E B - E	ANTECEDENT CAUSES	1.							
B E . E O .	(B)()) Fence 10 lun 1	In arome	15/2-						
7 4 2 = 1	DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stoling the	1							
ale (3) an an ns a	UNDERLYING CONDITION lost. (C) Mershal Wyeneschroses -								
sdical lical rns; rsicia was main									
W U 3 X X	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL								
+E X d.D e	DISEASE OR CONDITION GIVEN IN PART 1 (A).	L.V. 000 10 0-0							
by a me 2) Body br re the ph physician fore the re	19A-DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION 20A-AUTOPSY? (Yes or New Year)	IN CERTIFYING CAUS	SES OF DEATH?						
by e	21A. ACCIDENT WAS UNDERLYING	/It to Rollimore	City, give exact location)						
tal by: (2) here do ph	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID hame, form, factory, street, office bidg., INJURY OCCUR? etc.)	h m poumore	Cay, give exact location;						
G = ₹ = D	21D-TIME (Month) (Doy) (Year) (Haur) 21E INJURY OCCURRED 21F. HOW DID IN	HIRV OCCUR?							
roved be he hosp by natur xcept water btained	OF INJURY (ARRECY) While At Not While	JORI OCCOR:	0						
0 " "	Wark Ar Work C	1621	12002422						
0 0 0	22. I certify that (I) (this hospital) attended the regeased from	-19 1a L	19 /19						
			an death accurred on the date						
	and have and from the causes stated abave. (1) (We) (did) (did-net) view the bady after death.								
dent dent deat deat must	23A. Agentive Dans		3B, DATE SIGNED						
	Med. Director Director	Staff Phys.							
y was rely y was rely (1) An acci).A. at a f d prior to	PAME Type T DARMY 123D. ADDRESS	100110	1/2 2/1/ 2.2 2						
certificat sody was 7s: (1) An D.O.A. at ased pric	HATTONY F COT WOLLY DEGREE DITTION	I WA BOU	TO ME XIXIX						
Lin Uo	REMOVAL (Specify) 248. DATE 24C. NAME of CEMETERY of CREMATORY 24D.	LOCATION (City,	fown, or county) (Stote)						
	burial 4/20//2 Druid Ridge Cemetery	Pikesville,	Md.						
This the show was dece	DATE REC'D BY HEALTH DEPT. 258, NAME OF REGISTRAR 25C. FUNERAL DIRECTO		ADDRESS						
大学 ない マルコ	APR 20 1972 (Blog & R. R. R. R. D) Witchell-Wied	efeld Home 65	00 York Rd						
	150-REV. 1/1/68		Md. 21212						

1 7 7-4-1 to teste a value of the property and the state of the sta Concluded Baccusto B. C wispundinished and will also seek with the seek will be seek with the seek

al and death sceased on the
a hospit ause of e; (5) De ndance o death
red in coursed caused c
contrib contrib etermin n regul
irect or (4) Und was in the de
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
r. Also, ture of a ronounce
examine (xamine (xamine (xamine (xamine (xamine (xamine)
medical edical burns; (3 hysician n was ir
by a m 2) Body e the p physicia ore the
hospital lature; (ipt wher (6) No ined bef
of any real (excepts); and be obta
This certificate must be the body was released to shows: (1) An accident of was D.O.A. at a hospital deceased prior to death written approval must b
dy was dy was (1) An a O.A. at at approv
This certification the body was bows: (1) was D.O.A. deceased partition appropriate the control of the control

	1-514	/	1020		HEALTH DEPARTMENT		Jay	19 04020		
	RTH NO.	72 0	4036	CERTIFICA	TE OF DEATH	REG. NO.		< U4U3b		
(1)	PAME OF DECI	Virginia			2. DATE 4/2	AND HOUR OF DEATH		& 15A.		
3.	PLACE IN BALT	IMORE MARYLAND, W	HERE PROP	OUNCED DEAD	4. USUAL RESIDENCE (W. A. STATE B. COL	here deceased lived. If it	nstitution: res	sidence before admissional		
FL	JLL NAME OF OSPITAL OR STITUTION	(IF NOT IN HOSPIT	AL OR INS	TITUTION, GIVE STREET	Md. Bai	ltimore		2711		
	3111011011	T			c. CITY OR TOWN Baltimore	D. INS	IDE CITY LIN			
	91	Long Green N	-		E. STREET AND NUMBER		YES X	NO [
	10	115 E. Melro	se Ave		100 W. Cold	Spring Lane				
		6. RACE	7. MARRIE	D NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	if Under	1 Yr. if Under 24 Hrs. Doys Hours Min.		
	emale	White	WIDOWE	DIVORCED	Aug. 12, 1898	lost birthdoyl	Months	Doys Hours Min.		
to/	, USUAL OCCU	PATION (Give kind of work orking life, even if retired)	108, KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or lo	preign country!	12. CITIZE	EN OF WHAT COUNTRY		
	Iomemaker				Philadelphia,					
13.	FATHER'S NAM	E	l		14. MOTHER'S MAIDEN N		US	A		
		Samuel Co	rkran							
15.	Wos Deceased	ver in II. S. Armed For	?	16. SOCIAL	Virginia A	dams				
(Ye	s, no or unknown)	(if yes, give wor or dote	s of service	SECURITY NO.				ADDRESS		
	NO			397-05 14748	Mr. Donald Lin	ville 100 W.	Cold S	Spring Lane		
	18.4/2.3 CAUSE OF DEATH									
DISEASE OR CONDITION DIRECTLY berebrul Vascular accide								h . /		
	1This does no	I mean the made of	dying, e.g	(A) IMMEDIATE CAU	SE A CONSEQUENCE OF:			3 WEN		
	hearl failure, a	sihenia, etc. Il means licolian which caused	the diseas	e, DOE 10, OK AS	A CONSEQUENCE OF:	<		,		
		NTECEDENT CAUSES	00011127	1320	who Dneum	2004		h.1		
		CONDITIONS, if	en etuin	(B)	A CONSEQUENCE OF:			2 wm,		
	nse lo lhe	obave cause (A) CONDITION last	stating th	(c) arter	or Selentic	Hent Den		4 m		
NC	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING									
F TO THE DEATH BUT NOT RELATED TO THE TERMINAL Jenhalmy Willy Self										
CERTIFIC	19A. DATE OF C	PERATION 198 CONT	NITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes or N	IN CERTIFYING CAL	INDINGS C	ONSIDERED		
8	21 A. ACCIDENT	WAS UNDERLYING	21	B. PLACE OF INJURY (e.g., in	or obout 21 C. WHERE DID					
¥.	DEATH (notify in	ING CAUSE OF	Inc	ome, form, foctory, street, off	ice bldg., INJURY OCCUR?	(If In Boltimore	City, give o	exoct locotion)		
	21D. TIME (Month! (Doyl (Year)	(Hourl 21	E. INJURY OCCURRED	21F. HOW DID IN	ILLEY OCCUPS				
₹	OF INJURY (APPROX.)		l w	hile At Not While		JOK! OCCOR!				
	22 1	. (1) (.)				31 0	1			
				the deceased from the	1 -	19 /1 to again	126	19 /2		
		st saw the deceased		my 23	19 75 and t	hat in (my) (🎺 apin	lan death	accurred on the date		
	and hour and i	ram the causes state	d above.	(1) (WE) (did) (did not) vi	ew the bady after death.		/	1		
	23A. SIGNATURE									
	23C.PHYSICIAN	1 or Uran	when	DEGREE Phys.	Director L	Shaff Phys.	47 -	26/72		
	NAME (Typ	EarlL Cham	here.		D. ADDRESS		7			
4.4	BUDIAL CORAL			DEGREE	100 W. Cold Sp					
-9 PM	REMOVAL (Spe	ATION, 24B. DATE	24C. N	AME of CEMETERY OF CREA	MATORY 24D. I	LOCATION (City	, lown, or c	county! (Stotel		
	Burial	4/28/72	Dr	uid Ridge Cemet	ery Rei	stertownRd P	ike our	lle Md		
25A.	APR 26	972 VAGELE	SE NAME	OF REGISTRAR	25C. FUNERAL DIRECTO	defeld Home		ADDRESS		
'S 1	50-REV. 1/1/68				1000	1	0,000 10	OIA IIQ.		

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was in regular attendance prior

death

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

deceased prior to death); and (6) No physician was in regular attendance on the deceased pr written approval must be obtained before the remains are embalmed or final disposition is made.

was D.O.A. at a hospital (except where the physician who pronounced

approved by

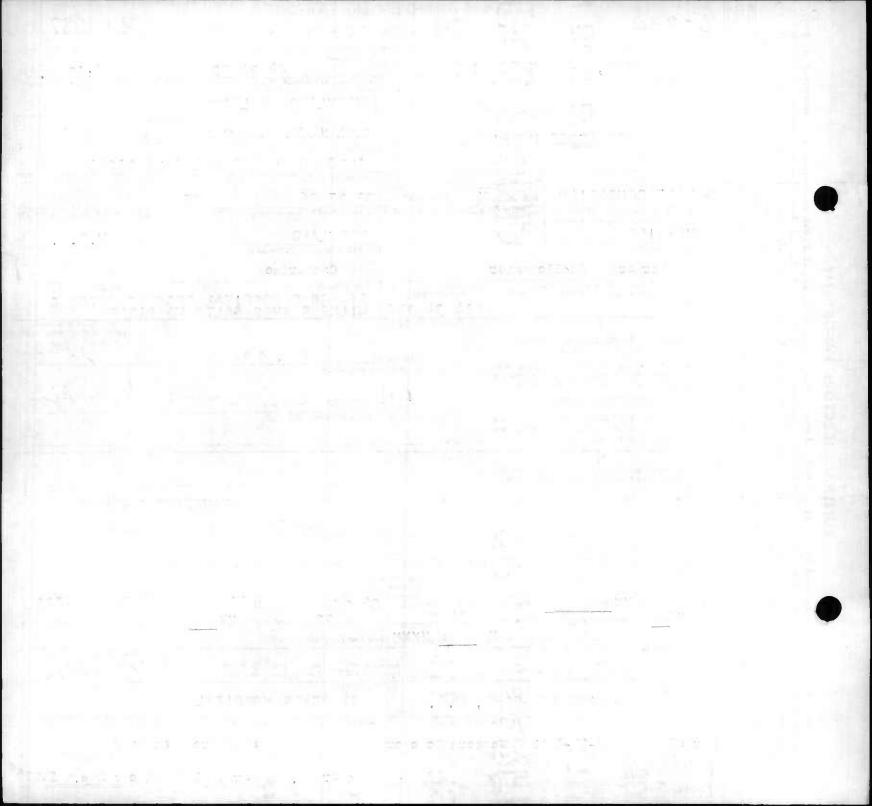
This certificate must be

101 000			BALTIMORE CITY	HEALTH DEPARTMENT		alles as a some as
BIRTH NO.	72 0	4037	CERTIFICA	TE OF DEATH	REG. NO	72 04037
INAME OF DECEA				D CASE AN	ID HOUR OF DEATH	
(Typo or Print)	VEST. ANNA	VATUE	DIME			
	MORE MARYLAND, W	1 4 1 1 1 1		VA USUAL RESIDENCE (WA-	24 72	8:12 A A
W LEVER III BYEIII	WORL MARIEARD, W	THERE PRONG	JUNCED DEAD	A. STATE & COUN	TY	astitution: residence before admission
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPIT	AL OR INSTI	TUTION, GIVE STREET	MARYLAND B.	ALTIMORE	5 300
INSTITUTION				matematican m	RBUTUS	SIDE CITY LIMITS?
LLA	ST AGNES	HOSPI	TAL	E. STREET AND NUMBER	WD0109	YES NO X
70					AVE DALTO	10 01007
					AVE BALTO	MD 21227
	RACE		NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthdoy)	Months Doys Hours Min.
FEMALE C	AUCASIAN	WIDOWED	DIVORCED T	09 27 96	75	
		108, KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLA CE (Stoto or fore	gn country!	12. CITIZEN OF WHAT COUNTRY
	rking life, even if retired)					
HOUSEWIF				MARYLAND		U.S.A.
3. FATHER'S NAME				14. MOTHER'S MAIDEN HA	ME	
Rore	nard Stoll	enmaie	p .	Cathonica		
				Catherine		
Yes, no or unknown) (I	ver in U.S. Armed For f yes, give war or dote	ces? s of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
NO				ST AGNES HOS WILKENS AVES	SPITAL REC	ORDS CATON &
			2 2/0	WILKENS AVES	BALTO MD	
18/62.	/ 1		CAUSE OF DEAT			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	OR CONDITION DI	RECTLY				111
	ADING TO DEATH		(A)IMMEDIATE CAU	SE Cache	1124	1 min
(This does not	mean the mode of	dying, e.g.	DILETO OD AS	A CONSEQUENCE OF:		
Injury or compli	thenia, etc. It means ication which caused	the disease				
			1/8) ~~ (2/4/
AN	ITECEDENT CAUSES		(8)	en any	7000	7 1000
DISEASES OR	CONDITIONS, if	any, giving	DUE TO, OR AS	A CONSEQUENCE OF:		*******************************
	obove cause (A)	stating the				
UNDERLYING	CONDITION last.		(c)			***************************************
	11					
OTHER SIGNIFICA	ANT CONDITIONS CO	NTRIBUTING				
TO THE DEATH	BUT NOT RELATED TO THE	HE TERMINAL	Management of the same of the		******	
	PERATION 198 CON		WHICH OPERATION	20A. AUTOPSY! (Yes or No	208 IF YES WERE	EINDINGS CONSIDERS
	WAS PER	ORMED	William Orekanok		IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
OR CONTRIBUTE	WAS UNDERLYING	216	RPLACE OF INJURY (e.g., in	or obout 21 C. WHERE DID	(If In Boltimor	re City, give exect location)
DEATH (notify m	edical examined	etc)	TO STORY THE WALL OCCUR!		
21D.TIME (A	Aonthi (Doyl (Year)	(Hour) 21E	MJURY OCCURRED			
OF INJURY	MONRII (Doyl (1eon		S INJURY OCCURRED	21F. HOW DID INJ	NKA OCCAKS	
(APPROX.)		l Wi	hile At Not While At Work			
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		_	he deceosed from	04 05 1	9 16 to	04 24 19 72
that XIX(we) la	st sow the decease	d alive on	04 24	1972ond the	at In ((our) opi	nion death occurred on the date
and hour and f		ad about)	X V CW-1 (JULY C X V X X X X X X X X X X X X X X X X X	lew the body after death.		
		ed abave. V	of (me) (qiq) (aid/abil A	lew the body after death.		
23A. SIGNATURE	7	7 .				23B. DATE SIENED
		Sale	Atte	nding Med.	Staff Phys.	7/3 (1/5)
23C. PHYSICIAN	3		DEOREE	3D. ADDRESS	rnys. —	1/27/10
NAME (Type		D DA			CDITAL	
	RAYMOND	n RAH	R, M.D.	ST AGNES HO	DSPITAL	
4A. BURIAL CREMA	TION, 248. DATE	24C. N	AME of CEMETERY OF CRE	MATORY 1245 16	CATION (C.	Au taura as assault as assault
REMOVAL (Spe	cify)	270,14	THE DESCRIPTION OF CRE	240. 10	CATION (Ci	ty, town, or county) (State)
Burial	4-27-19	72 We	estern Cemeter	7 R	altimore, M	arvland
SA. DATE REC'D BY			OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
APR 25 1	17) (12.0.00	9 49				
MI HOLK	ME THOMPSED C	ALMON A	Ma, a	Howard H. Hub	bard, 4107	Wilkens Ave. 2122

VS 150-REV. 1/1/68

Howard

Hubbard, 4107 Wilkens Ave.



MAK

1		CITY HEALTH DEPARTMENT
BIRT	RIH NO.	CATE OF DEATH TREG. NO. 72 04038
	OF DECEASED PO OF PAINT GUTHRIE, ALICE LOUISE	APRIL 24,1972 8:35 P. A
3. ?	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED OEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission A. STATE B. COUNTY
HO	ULL NAME OF UF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	MARYLAND ANNE ARUNDEL C. CITY OR TOWN D. INSIDE CITY LIMITS?
	OT ACUEC HOODITAL	LINTHICUM HEIGHTS YES NO XX
4	FO ST AGNES HOSPITAL	2.05 SOUTH HAMMONDS FERRY ROAD 2.1
	FEMALE CAUCAS VAN WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE (in yours last birthday) 15/14/27 16. If Under 24 Hrs Months Days Haus Min.
	LUSUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDU-	
10	HOUSEWIFE FATHER'S NAME	VIRGINIA U.S.A.
13. [
18.5	JOHN RHODES Was Deceased Ever In U. S. Armed Forces? 16 SOCIAL	KKÄXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
	Was Deceased Ever in U. S. Armed Forces? s, no of unknown) (If yes, give war or doles of service) NO	ST AGNES HOSPITAL CATON & WILKENS AV
	LEADING TO DEATH	Shell - BETWEEN ONSET AND DEAT H Lays -
TION	heart failure, asthenia, etc. It means the disease, Injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last. (c) #50	AS A CONSEQUENCE OF: A ST of age motie Albeess +. over I WK. AS A CONSEQUENCE OF: HRICHIH COLI-SEYSIS: Churic Alcoholinus - years.
THICATION	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last, (c) #50	AS A CONSEQUENCE OF: At a frag notic Albers + ore ruk AS A CONSEQUENCE OF: HRICHIA COLI-SCYSIS Churic Alchelins - Glass 20A. AUTOPST? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CETTERING CAUSES OF DEATH?
CERTIFIC	ANTECEDENT CAUSES ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving size to the above cause (A) stating the UNDERLYING CONDITION lest, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 179A. DATE OF OPERATION 179B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (C)	AS A CONSEQUENCE OF: Al of of one movine RAS A CONSEQUENCE OF: HRICHIA COLI-SEYSIS: Churic alcoholinus - Color of one of the color
DICAL	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last, OTHER SIGNIFICANT CONDITION S CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 179A. DATE OF OPERATION 179B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. A CCIDENT WAS UNDERLYING 121B. PLACE OF INJURY (C) CONTRIBUTINO 121B. CONDITION FOR WHICH OPERATION CONTRIBUTINO 121B. PLACE OF INJURY (C) CONTRIBUTION (C) C) (Year) (Hour) 21E. INJURY OCCURRED	AS A CONSEQUENCE OF: A STATE OF A CONSEQUENCE OF: A RICHITA COLI-SCYSIS Churic Alcutulinus - CALIFYES OF NO. 208 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Ag, in or obout 21C, WHERE DID (If In Boltimore City, give exact location) to office bidg. 21F. HOW DID INJURY OCCUR?
MEDICAL	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19R CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. A CCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examined) 21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED OF INJURY (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED OF INJURY (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED OF INJURY (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED OF INJURY (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED OF INJURY (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED OF INJURY (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED OF INJURY (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED OF INJURY (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED OF INJURY (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED OF INJURY (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED OF INJURY (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED OF INJURY (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED OF INJURY (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED OF INJURY (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED OF INJURY (Month)	AS A CONSEQUENCE OF: A SA A CONSEQUENCE OF: A RICHIA COLI-SCYSIS Churic Altoholisms - CASA CONSEQUENCE OF: A RICHIA COLI-SCYSIS 20A. AUTOPST? (Yes or No!) ROBERTIFYING CAUSES OF DEATH? A PRIL 20 19 72 to APRIL 24 19 72 A PRIL 20 19 72 to APRIL 24 19 72 A PRIL 20 19 72 to APRIL 24 19 72 A PRIL 20 19 72 and that in (MyX (our) opinion deoth accurred an the do
MEDICAL	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 179A. DATE OF OPERATION 199B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (no.8if) medical examined 21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED While At Not Work At Work (A) (We) last sow the deceased alive on A PRIL 2 and hour and from the couses stoted abave. (IX (We) (did) XE)(E)(E)(E)	AS A CONSEQUENCE OF: A SA A CONSEQUENCE OF: A RICHIA COLI - Sepsis 20A. AUTOPST? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFFING CAUSES OF DEATH? 20A. AUTOPST? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFFING CAUSES OF DEATH? 20A. AUTOPST? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFFING CAUSES OF DEATH? 20A. AUTOPST? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFFING CAUSES OF DEATH? 21F. HOW DID INJURY OCCUR?
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was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Written approval must be obtained before the remains are embalmed or final disposition is made.

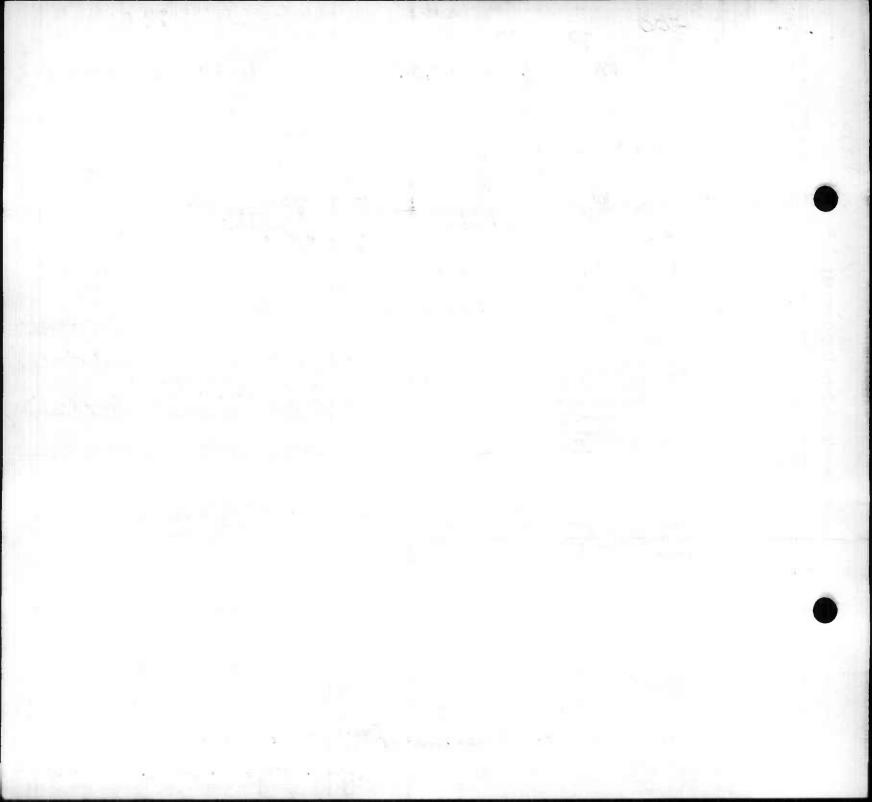
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was in regular attendance on the

1	P ZGG BALTIMORE CITY	THEALTH DEPARTMENT 72 04039
91	TO DADA CERTIFICA	TE OF DEATH REG. NO.
1.	NAME OF DECEASED	2. DATE AND HOUR OF DEATH
(1)	PAUL E. RITT, Sr.	4.24.72 14:02 P
3.	PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, Il institution; residence before admission
H	JLL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET STITUTION	Maryland. 102
		C/TY, D. INSIDE CITY LIMITS?
(×)	Church Home & Hospital.	E. STREET AND NUMBER 439 S. Ellwood Ave.
5.	SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In yours I If Under 1 Ye. II Under 24 Hrs
	WIDOWED DIVORCED	6.9.1902 69
10/	LUSUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY to during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTR
	Retd: Hardware	BALTIMORIE U.SA
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
1.5	ANTON J. RITT	ROSA M. ROTH.
(Yo	Was Deceased Ever In U. S. Armed Forces? s, na or unknown) (If yos, give war or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT HOPE TO ADDRESS
	No - 218-32-3049	+ Rolania chant
	18.4/0 9 CAUSE OF DEATH	
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	BETWEEN ONSET AND DEATH
	(A)IMMEDIATE CAU	
		A CONSEQUENCE OF: Molete A - V & infanction
	ANTECEDENT CAUSES	There A-V Block
		A CONSEQUENCE OF:
	ise to the abave cause (A) stating the UNDERLYING CONDITION tast. (C)	A CONSEQUENCE OF:
	11	
CERTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 [A].	***************************************
IFIC	19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A AUTOPSY? (Yes or No.) 20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
ERT	O	
CAL	21A- ACCIDENT WAS UNDERLYING CAUSE OF DEATH (neity medical examined) 21B, PLACE OF INJURY (e.g., in home, farm, fociory, street, off etc.)	n or about 21 C. WHERE DID (il in Baltimore City, give exact location) lindury OCCUR?
4ED	21D. TIME (Manth) (Doy) (Year) (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
	(APPROX.) While At Not While At Work	' - ,
	22. I certify that (1) (this hospital) attended the deceased fram	7.24. 19 /2 10 4 -24. 19 72
	that (1) (we) last saw the deceased alive an 4 24.	
- ;	and have and from the causes stated above. (1) (We) (dtd) (dtd nat) vi	iew the bady after death.
	23A. SIGNATURE	23B, DATE SIGNED
	Phys.	nding Med. Stoff W 4, 24, 72
	23C. PHYSICIAN'S NAME (Type)	ading Med. Staff Director Phys. D 4. 24.72 3D. ADDRESS Church Nome & Hospital
Det	SATPAL SINGH MODERATE	Church Nome a Hospital
24A	BURIAL CREMATION, 248, DATE 24C, NAME of CEMETERY of CRE	MATORY 24D. LOCATION (City, lown, ar county) (State)
	Burial 4/28/172 Sacred Heart of	Cemetery Baltimore, Maryland

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John A. Moran, Inc. 3000 APR 26 1972 Pole & Saller & D.



	C-636 BALTIMORE CITY HEALTH DEPARTMENT 72 04040 REG. NO. 72 04040
3003	BIRTH NO. 72 04040 CERTIFICATE OF DEATH REG. NO
of death Deceased o on the	1. NAME OF DECEASED RNEST CARTER IT. 2 DATE AND HOUR OF DEATH 12.20 NOT
2 006	3. PLACE IN BALTIMORS, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE IWhere deceased lived. If institutions residence before admissional A. STATE 8. COUNTY
cause cause use; (5) endance to de	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) C. CITY OR TOWN PAUT MORE D. INSIDE CITY LIMITS? YES E NO
E mat to	2600 Liberty Heights Avenue
utin od c ar pri de.	Baltimore, Maryland 21215 50 5 Scott Street 50 AAADDIED AIEVED AAADDIED 80 DATE OF BIRTH 92 AGE (In years 18 Under 1 76 . 18 Under 24 Hrs.
occur ontrib ermin regul sased is ma	Black WIDOWED DIVORCED 5-26-37 Tost birthday 40 Months Days Hours Min.
dete dete	done during most of working life, even # selfred)
if de sot of the sot of the bosin	13. FATHER'S MAIDEN HAME
22 - 8	Ernest Carter St. Bertha Sarter
kind; kind; death ce on inal di	15. Wes Deceased Ever in U. S. Armed Forces? (Yes, no or unknown! (II yes, give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Mary Harvin 1611 Latrobe St. 21202
proved by the chief medical examiner or his assist the hospital by a medical examiner. Also, if the ny nature; (2) Body burns; (3) A fracture of any kir except where the physician who pronounced de and (6) No physician was in regular attendance obtained before the remains are embalmed or find	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, esthenic, etc., it means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION fost. (C) THER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I AL. DISEASE OR CONDITION OF THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I AL. DISEA
certificate must be apposed to the control of a control o	that (1) (we) lost saw the deceased alive an
the show was dece	APR 26 1972 Page & Jack Marshall W. Jones, Jr.

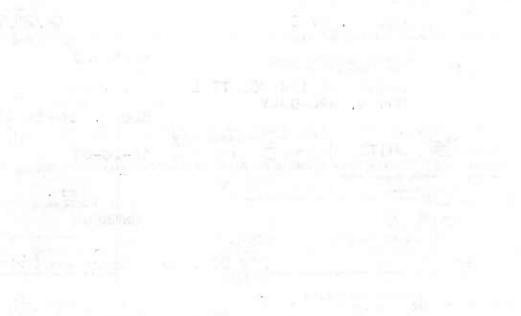
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This cortificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. (1) (1) (1) FUNERAL DIRECTOR: IMPORTANT

en ina	2 04041	BALTIMORE CITY	HEALTH DEPARTMENT		PO 04044	
BIRTH NO.	Cy () LO MAN	CERTIFICA	TE OF DEATH	REG. NO	72 04041	
I. NAME OF DECEASED			2. DATE	AND HOUR OF DEATH		
	A. SVEC		0	4/21/72	11:30p	
3. PLACE IN BALYIMORE, MARY	AND, WHERE PRONC	UNCED DEAD	4. USUAL RESIDENCE (W	here deceased lived. If	institution; residence before admi	ssion)
FULL NAME OF (IF NOT IN	HOSPITAL OR INSTITUTE	TUTION, GIVE STREET	MARYLAND C. CITY OR TOWN		704	
JOHN	SHOPKINS	HOSPTITAL	BALTIMORE	D, IN	YES NO	
3 601	N. BROADW	AY	E. STREET AND NUMBER 828 N. CHA			
S. SEX 6. RACE	7- MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE Un years	Months Doys Hours A	
FEMALE WHIT	E WIDOWED	DIVORCED	12-20-81	lost birthday)	Months Doys Hours A	Ain.
OA USUAL OCCUPATION (GIVE L	nd of work 108, KIND O	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f	oreign country!	12 CITIZEN OF WHAT COL	INTRY?
lone during most of working life, even to Seamstress	if refired)		Czech			
3 FATHER'S NAME			14 MOTHER'S MAIDEN N			
UNKNOWN			UNKNOWN	CONT.		
5. Was Deceased Ever in U. S. A Yes, no or unknown) (If yes, give wo	med Forces? or or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	A ++	722 M ADDRESS	- 101 -
no		212 07 3219	& Edward Kus	vak, Atty., s (friend)	733 N. Patterson 317 N. Chapel St	· rk.
18./99./ 1		CAUSE OF DEAT			APPROXIMATE INTER	VAL
DISEASE OR CONDIT			0111	100	BETWEEN ONSET AND	DEATH
LEADING TO		(A) IMMEDIATE CAL	SE Trobable	Till Em	welles Ohno.	
(This does not mean the n heart failure, osthenia, etc. I	node of dying, e.g., t means the disease.	2115 50 02 40	A CONSEQUENCE OF:	and district one is a sadding for in their	ri ulana alati della anano anti ano de chia alti a Tassa a	
injury or complication which	coused death.)	20.	11 -1		- 1-1-	
ANTECEDENT	CAUSES	i Occi	ult male	enance	13/28	
DISEASES OR CONDITION	VS, if any, giving	DUE TO, OR AS	A CONSEQUENCE OF	Transfer of Y		***
underlying condition		(0)	,	0		
11	10516	(c)		***************************************		
O OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT RELA T DISEASE OR CONDITION GIVE	TED TO THE TERMINAL					
		WHICH OPERATION	20A. AUTOPSYS (Yes or	No. 208 IE VES WERE	EINDIAGE CONSIDERED	
19A-DATE OF OPERATION TO THE PROPERTY OF THE P	VAS PERFORMED	William O'EXAMON	1/25	IN CERTIFYING CA	FINDINGS CONSIDERED	
U 21A. ACCIDENT WAS UNDER OR CONTRIBUTING CAUSE DEATH (notify medical examina	LYING 218 horn	PLACE OF INJURY (e.g., in e, farm, factory, street, of	or about 21C. WHERE DID	(If In Boltimo	ore City, give exact location)	
21D.TIME (Month) (Doy)		INJURY OCCURRED	21 F. HOW DID I	Millex Occurs		
OF INJURY		ile At C Not White		NORT OCCUR.	,	
	Wo		4			
22. I certify that (I) this i	rospital) attended t	he deceased from	128	19 /2 to 9/	19/	
that (i) (we) lost sow the	ioceased office on_	3/28	19 72 ond	that In (mg) (our) op	Inlan death occurred on the	date
and hour and from the caus	ses stated above.	(We) (did) (did not) v				
23A. SIGNATURE			,		23 B. DAFE SIGNED	
Menezo	M.D.	DEGREE Phys	Med. Director	Shaff LP	14/-1/-	
23C. PHYSICIAN'S NAME (Typel		DEGREE	3D. ADDRESS	.,		
Usen! PE	212-10		John 1h	ohin 11m	m. Mal no	105
4A. BURIAL CREMATION, 24B, 1	DATE 24C.N.	DEGREE AME of CEMETERY OF CRE	MATORY 24D.	LOCATION (E	ity, town, or county) (Sto	tel
REMOVAL (Specify)	1 1 1				the state of the s	
Burial L	1/25/72 H	oly Redeemer C		Balto. Md		
PR 26 1972 Robe	BE. Jaber A		Sch imunek		s, Inc. 3331 Bre	hma
/S 150-REV. 1/1/68			3 0 3			
				F	ane, Balto. Ma.	777



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described by the chief medical examiner or his assistant if death occurred in alto the hospital by a medical examiner. Also, if the direct or contributing of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cartal (except where the physician who pronounced death was in regular attal); and (6) No physician was in regular attendance on the deceased prior the obtained before the remains are embalmed or final disposition is made.	l
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	RTH NO.	CEASED					ND HOUR OF DEA	TH		
(Ту	rpe or Print)	Coake, Arthu	r				1 24, 1972	1		
		R APPLIANT IN HOSPITE METERS OF LOCAL METERS O	VHERE PRONO		Balt	imore, M	ere deceosed lived. I	f institution: n	esidence before	odmiss
IN	Pleasan	Manor Nursi	ng Homa	MENDE	CITY OR		D. II	NSIDE CITY L		
7	4615 Pa	rk Heights Av	onue	6-12-72	Balt	imore		YESXX	V NO]
		re, Maryland	21215		11	Essex St				
_	SEX	6. RACE			8. DATE OF					
	ale	White	WIDOWED	NEVER MARRIED DIVORCED	4/14/	25	9. AGE (In years last birthday) 47	Months	Doys Hours	der 24 H Min.
don	LUSUAL OCC	UPATION (Give kind of work working life, even if retired)	108 KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPL	ACE (Stole or lor	eign country)	12. CITI	ZEN OF WHAT	COUN
	Unknown	account are, even it tolked)	IInlen o-	777	n -1:	tm 3/	7 4			
	FATHER'S NA	ME	Unknov	VII	14 MOTHE	imore, Ma	ryland	U,	S.A.	
					- Moint	- MAINER NA	MATE			
6	Unknow	0			Unkno	own				
Ye	s, no or unknow	Ever in U. S. Armed For i) (II yes, give wor or dote	ces? es af service)	SECURITY NO.	17. INFORM	ANT			ADDRESS	
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	18. 57	1,01		CAUSE OF DEAT	Н	JURKE	Jivi Dela		APPROXIMATE	INTERVA
	DISEA	SE OR CONDITION DIS	RECTLY		11	-		- 1	BETWEEN ONSE	AND DE
	LEADING TO DEATH									
	heart failure, asthenia, etc. It means the disease.									
	injury or complication which caused death.)					105				
		ANTECEDENT CAUSES		aruh		1- 1-		- 1		,
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	rise la lh	OR CONDITIONS, if a above cause (A) G CONDITION tast	any, giving slaling the	DUE TO, OR AS	A CONSEQU	ENCE OF:	A		······································	**********
	rise la lh	e above cause (A) G CONDITION last	any, giving staling the	DUE TO, OR AS	A CONSEQU	Fiver ENCE OF: Probablem	A			
ATION	other signification	e above cause (A) G CONDITION last. II FICANT CONDITIONS COI IH BUT NOT RELATED TO THE	Stating the	DUE TO, OR AS	A CONSEQU	ENCE OF:	A			**********
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EDICAL	OTHER SIGNII TO THE DEA' DISEASE OR C 19A DATE OF 21A. A CCIDE	e above cause (A) G CONDITION last, FICANT CONDITIONS COI HI BUT NOT RELATED TO TH ONDITION GIVEN IN PARE OPERATION 1798. CON WAS PERF	NTRIBUTING HE TERMINAL T 1 (A). DITION FOR V ORMED 218. hom. etc.) (Hour) 21E.	VHICH OPERATION PLACE OF INJURY (e.g., in e.g., form, foctory, street, of INJURY OCCURRED	20A. AUT	OPSY? (Yes or No	O) 20B. IF YES, WER IN CERTIFYING C	AUSES OF E	DEATH?	
DICAL	OTHER SIGNII TO THE DEAT DISEASE OR C 19A DATE OF 21A. ACCIDE OR CONTRIST DEATH (notify	e above cause (A) G CONDITION last, FICANT CONDITIONS COI HI BUT NOT RELATED TO I ONDITION GIVEN IN PAR OPERATION 198 CON WAS PERF NT WAS UNDERLYING J JTING CAUSE OF medical exomines	NTRIBUTING HE TERMINAL T 1 (A). DITION FOR V ORMED 218. hom. etc.) (Hour) 21E.	CO. CALLA VHICH OPERATION PLACE OF INJURY (e.g., in foctory, street, of injury occurred le At Not While	20A. AUT	OPSY? (Yes or No	O) 20B. IF YES, WER IN CERTIFYING C	AUSES OF E	DEATH?	
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WEDICAL	OTHER SIGNII TO THE DEAD DISEASE OR CO 19A. DATE OF 21A. ACCIDE OR CONTRIBE DEATH (nosify 21D. TIME OF INJURY (APPROX.) 22. I certify that (I) (we) ond hour on- 23A. SIGNATU 23C. PHYSICIA NAME (I) BURIAL CRE REMOVAL (Buria)	e above cause (A) G CONDITION last. II FICANT CONDITIONS CO! TH BUT NOT RELATED TO III ONDITION GIVEN IN PAR OPERATION 198 CON WAS PERF NT WAS UNDERLYING ITING CAUSE OF medical exomined (Month) (Doy) (Year) that (1) (this hospital) lost sow the decease d from the causes state IRE Humberto Ce MATION, 248 DATE Specify) ATS	NTRIBUTING HE TERMINAL TO I (A) DITION FOR V ORMED (Hour) 21E, hometc. Whit War) attended the d olive on ed above. (I) LULY PER 22 24C. NA 72 PER 22 255. NAME O	VHICH OPERATION PLACE OF INJURY (e.g., ir e, form, foctory, street, of INJURY OCCURRED INJURY OCCURRED At Work deceased from QEOREE Phys Attention QEOREE Attention QEOREE Attention QEOREE Attention QEOREE Phys QEOREE Attention QEOREE PREGISTRAR	20A. AUT 20A. AUT 1 or obout 21 Gree bldg., INJ 21F 19 7 1ew the bod 1206 G MATORY 225C. FUN	OPSY? (Yes or No. C. WHERE DID URY OCCUR? HOW DID INJ and the y after death. Med. Director Oucher B 24D. L	ON 208, IF YES, WER IN CERTIFYING COUR? (II In Bolting to the second se	pinion death 238, DATE Raven City, town, or	exoct locotion h occurred o signed Plaza countyl	9n the d

6-12-1972 - Letter from Pleasant Manor Nursing & Convalescent Center, 4615 Park Heights Ave.,
Balto., Md.-date of death - April 24, 1972. Orlando Orsino, Administrator.

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	1-50F	72 (04043	BALTIMORE CITY	HEALTH DEPARTMENT		72 04043
	H NO.			CERTIFICA	TE OF DEATH	REG. NO	16 09093
	AME OF DECEA				2. DATE	AND HOUR OF DEATH	
	JEN		ESSE		41	23/72 6	B: 10:20 AN
3. PL	LACE IN BALTIN	ORE MARYLAND, W	HERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (W. A. STATE B. CO	here deceased lived, II in	nstitution: residence before admission)
HOS	L NAME OF	(IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTITE	UTION, GIVE STREET	MARYLAND C.CITY OR TOWN		2744
	42				BALTIMORE	D. INS	YES X NO
	SINAI	HOSPITA	6 OF	BALTO INC.	E. STREET AND NUMBER		AE2 KI NO I
5. SE		RACE			3405 Mary	One.	
	M	WHITE	WIDOWED		Oct1, 1926	9. AGE (in years last birthdoy) 45	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
I AOI	USUAL OCCUPA	TION (Give kind of work ling life, even if rettred)	10B, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	oreign country!	12. CITIZEN OF WHAT COUNTRY
	Roofer	ung me, even it retired)	Fick I	Brothers	Monreland		YY 67 4
	ATHER'S NAME		I LUK I	or other 2	Maryland 14. MOTHER'S MAIDEN N	LAAAE	U.S.A.
	?		Jenkir	ne			
15. W	os Decensed Eva	r in U. S. Armed For	cos?	15 11 6. SOCIAL		nknown	
(Tes,	no or unknown! (if	yes, give war or date	s of service)	SECURITY NO.	17. INFORMANT		ADDRESS
	No	2			Mrs Jennie	M Tyrrell	Same
11	8. 17 5 2/	for		CAUSE OF DEATE	1		APPROXIMATE INTERVAL
		R CONDITION DIR	RECTLY				BETWEEN ONSET AND DEATH
		NDING TO DEATH	dulan a -	(A) IMMEDIATE CAU	SE Iquama	me Cell (ertibae
178	reast failure, as!!	henia, elc. Il means	the disease.	DUE TO, OR AS	CONSEQUENCE OF:	11 7 7 1 7	rest chas
"		alian which caused	death.)	reco	o merco	. 4	
		ECEDENT CAUSES		(B) T Ca	rd comp	rences	
	DISEASES OR	CONDITIONS, if	any, giving	DUE TO, OR AS	A CONSEQUENCE OF:		***************************************
ü	JNDERLYING C	ibove cause (A) ONDITION last	sloling lhe	(c)			
-		II		(0)		***************************************	
	O THE DEATH RI	NT CONDITIONS CON	IF TERMINIA!				
S II	ISEASE OR COND	DITION GIVEN IN PART	[] (A).	WICH ORERATION	120A Attroneus (V.	N. V. 202 15 W	
REFE		PRATION 198. CONI	ORMED	THE OFEIGHOR	Used and spale	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
U 21	A ACCIDENT V	VAS UNDERLYING	218.	PLACE OF INJURY le.g., In	or about 21 C. WHERE DID	(II in Beltimer	e City, give exact location)
₹ 0	EATH (notify med	SICAUSE OF	home etc.)	form, foctory, street, off	ice bldg., INJURY OCCUR?	in the periodical	e city, give exoct locollon;
ĕ 21	D. TIME (M	onth) (Doy) (Year)	(Hour 21E	INJURY OCCURRED	212 112 112		
N N	F INJURY APPROX.)	12071		e At Not While	21F. HOW DID IN	NJURT OCCUR?	
			AAGIN	AT WORK			
22	2. I certify that	(I) (this hospital)	attended th	e deceased from 4	/22	19 72 to	4/23 19/2
th	nat (I) (we) las	t saw the deceased	d alive on	4/23	19 72 and		nian death accurred on the date
aı	nd haur and fra	m the causes state	ed abave. (I)	(We) (did) (did not) vi	ew the bady after death	in the first that the first	and a desired on the date
23	A. SIGNATURE	. 0		1	ow the body after death	•	23 B, DATE SIGNED
	8.7	Auctor	M. Q.	Atten	ding Med.	Stoff Phys.	4/23/72
23	C.PHYSICIAN'S	/ · · · · · · · · · · · · · · · · · · ·		DEGREE Phys.	3D. ADDRESS	Phys.	9/20/10
	NAME (Type)	T CHITTA		N D		HACRITA	A
24A. =	URIAL CREATET	T. SUTTO		19 . W . DEGREE	SINAI	HOSPITA	
1	BURIAL CREMAT		-	ME of CEMETERY OF CRES	MATORY 24D.	LOCATION (Cit	y, town, or county) (State)
	Burial			arkwood		Baltimore,	Maryland
25A. [OR 4022		25B NAME OF		25C. FUNERAL DIRECTO	R	ADDRESS
rk	AU BIZ	Valley E. J	auben, Mi	0. 2 0 0 0	Leonard J	Ruck Inc.	Baltimore, Md
/\$ 150	0-REV. 1/1/68						

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FUNERAL DIRECTOR: IMPORTANT

This corrificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

(2-115	72 (14044		HEALTH DEPARTMENT	REG. NO.	72 04044
	NAME OF DECEA	SED		CERTIFICA		4	
	pe ar Print)	lichael	Conn	bianco	2. DATE	26/72	1 4100 A.
3.	PLACE IN BALTIA	AORE MARYLAND,	WHERE PRONC	OUNCED DEAD	A. STATE B. COL	here deceased lived. If ins	titution: residence before admission)
II HO	ILL NAME OF DSPITAL OR STITUTION	(IF NOT IN HOSPI ADDRESS OR LOC	TAL OR INSTITUTE	TUTION, GIVE STREET	Manyla c. City or TOWN	nd.	DE CITY LIMITS?
-	+8				Baltin	v.	YES NO
		nd Genera			5 5 0 5	Hban wing	21214
5, 3	Male 6.	white	7- MARRIED WIDOWED	NEVER MARRIED DIVORCED	1/27X 8 7	9. AGE (In years last birthday)	If Under 1 Ye 11 Under 24 Hrs. Manths Days Hours Min.
		ATION (Give kind of wo		F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of fe	steign country)	12. CITIZEN OF WHAT COUNTRY?
11 -	etired	Owner		Cleaners	Italy		U.S.A.
13.	FATHER'S NAME				14. MOTHER'S MAIDEN N	AME	
		las Capob:				Unknown	
15. (Ye	s, no or unknown) [(if	er in U. S. Armed Fo	les of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	No			069-05-2304	Mrs Angela	Capobianco	Same
		OF CONDITION D		CAUSE OF DEATH	0 1	61	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		ADING TO DEATH mean the mode o		(A) IMMEDIATE CAU		n Colema	
	heart failure, ost	thenia, etc. It mean	s the disease,	DUE TO, OR AS	A CONSEQUENCE OF:		
		TECEDENT CAUSE		A tex	or Protice Co	ardioverentand	/.
	DISEASES OR	CONDITIONS, if	ony, giving	(8)	A CONSEQUENCE OF:	man o e acrea a	11443
	rise to the	above couse (A)	stating the				
		11		(c)			
ATION	TO THE DEATH R	ANT CONDITIONS CO BUT NOT RELATED TO DITION GIVEN IN PA	THE TERMINAL	*****************		20000000000000000000000000000000000000	
CERTIFICATION	19A. DATE OF O	PERATION 198 COI WAS PE	NDITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes or	No. 208, IF YES, WERE FIT	NDINGS CONSIDERED SES OF DEATH?
CAL	21A. ACCIDENT OR CONTRIBUTED DEATH Inotify me	WAS UNDERLYING OF CAUSE OF COLOR CAUSE OF	21 E hon etc.	ne, farm, factory, street, af	ar obout 21 C. WHERE DID	(If In Baltimore	City, give exact location)
	21 D. TIME (A	Aonth) (Day) (Year)		INJURY OCCURRED	21F. HOW DID II	NJURY OCCUR?	
×	(APPROX.)		Wh	ile At Not While			/
	22. I certify the	et (1) (this hospita	l) ottended t	he deceased from	4/22	19 72 to 4/	26 1972
	that (i) (we) la	st saw the deceas	ed citive on	4/26	19 72 and	that in (my) (aur) opini	on death occurred an the date
		am the causes sta	eted above. (i) (We) (did) (did not) vi	lew the bady ofter death	le .	/
	23A. SIGNATURE	whal A	Tilve	Mu DEGREE Phys	nding Med.	Staff Phys.	SR DATE SIGNED
24 A	23G PHYSICIAN'S	ael A.li	URY M	an MD DEGREE	Man and	General 1.	tospital.
	REMOVAL ISpec			_		LOCATION (City,	
_	Burial	4/29/		oly Redeemer			aryland
	APR 26	972 Poles	0 9 4		Leonard, J		altimore, Md
A2	150-REV. 1/1/68		*	F Cuts Sul	000	٧	

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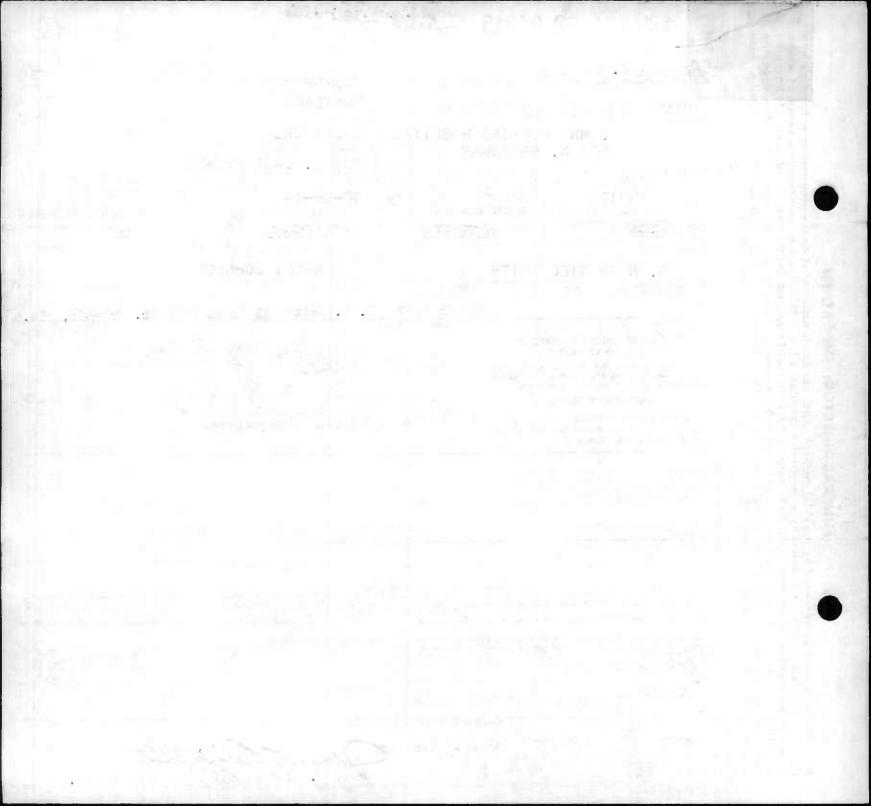
wind, transmill while twee by lin

choles sepond of thousand

IMPORTANT FUNERAL DIRECTOR:

CERTIFICATE OF DEATH REG. NO. of death (4) Undetermined cause; (5) Deceased BIRTH NO Suci I. NAME OF DECEASED (Type of Print) EO hospital ROWALD J. SMITH 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD ance eat A. STATE & COUNTY contributing cause MARYLAND FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) O C. CITY OR TOWN attend 10 BALT IMORE JONNS HOPKINS HOSPITAL prior E. STREET AND NUMBER 601 N. BROADWAY 509 S. EAST AVENUE regular 5. SEX 8. DATE OF BIRTH 6. RACE BE 7. MARRIED NEVER MARRIED 9. AGE (In years deceased MALE WHITE 10-06-34 WIDOWED DIVORCED K ICA, USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State at Coreign country) isposition done during most of working life, even if retired) = Repairman Television Baltimore Was 13. FATHER'S NAME the 14 MOTHER'S MAIDEN NAME direct G. NATHANIEL SMITH NAOMI JOHNSON death uo kind; O 15. Was Deceased Ever in U. S. Armed Forces? (Yes,no or unknown) (If yes, give war or dates of service) 17. INFORMANT 6. SOCIAL final SECURITY NO. attendance No 218 28 8167 G. N. Smith 911 any CAUSE OF DEATH pronounced 10 DISEASE OR CONDITION DIRECTLY embaimed fracture of LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, מו injury or complication which caused death.) regul ANTECEDENT CAUSES who are 4 DISEASES OR CONDITIONS, If any, giving DUE TO, OR AS A CONSEQUENCE OF 3 rise to the above cause (A) slating the E physician UNDERLYING CONDITION last the remains chief medical Was 11 CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). physician (2) Body 19A. DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION the 20 A. AUTOPSY? (Yes of No) 5 WAS PERFORMED Ore 21& PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, forcory, street, affice bldg., INJURY OCCUR? etc.) OR CONTRIBUTING CAUSE OF where to the hospital S N MEDICAL be DEATH (notify medical examined) any nature; obtained 21 D. TIME (Month) (Doy) (Year) (Houd 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 9 approved (except While At Not While r (APPROX) and Wark At Wark 22. I certify that (I) (this hospital) attended the deceased from that (I) (we) last sow the deceased alive on, Pe of death) hospital the body was released and hour and from the causes stated above. (1) (We) (did) (did not) view the body after death. must An accident 23AL SIGNATURE Attending | Med. 2 Director pproval 8 23C. PHYSICIAN'S NAME (Type) prior 23D. ADDRESS at O.A. a. DEGREE 24A. BURIAL CREMATION. pespese 248, DATE 24C. NAME of CEMETERY OF CREMATORY 0 24D. LOCATION REMOVAL (Specify) Ö Burial Oak Lawn Cemetery Was 258 NAME OF REGISTRAR 25A. DATE REC'D BY HEALTH-DEPT. WMERAL DIRECTO 0 Bruzezinska VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT 72 04045 2. DATE AND HOUR OF DEATH 4. USUAL RESIDENCE I Where deceased Kved. Il institution: residence D. INSIDE CITY LIMITS? YES A NO Il Under 1 Yr. Months! Doys II Under 24 Hisa 12. CITIZEN OF WHAT COUNTRY? USA ADDRESS Royal Palm Ct. Orlando. BETWEEN ONSET AND DEATH 20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Baltimare City, give exact location) and that In (my) (our) opinion death occurred on the date 23 B. DATE SIGNED (City, town, or county) Maryland ADDRESS 1407 Eastern Ave.



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	pproved by the chief medical examiner or his assistant if death occurred in a hospital and	ita	any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	(except where the physician who pronounced death was in regular attendance on the	; and (6) No physician was in regular attendance on the deceased prior to death. Such	obtained before the remains are embalmed or final disposition is made.
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FUNERAL DIRECTOR: IMPORTANT

BALTIMORE CITY HEALTH DEPARTMENT REG. NO. CERTIFICATE OF DEATH BIRTH NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 4:20A .M POOLE, DELBERT MONROE APRIL 25. 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before edmission) 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD A. STATE 21228 BALTIMORE MARYLAND (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) FULL NAME OF HOSPITAL OR INSTITUTION C. CITY OR TOWN D. INSIDE CITY LIMITS? CAT ON SVILLE YES T NOK ST. AGNES HOSPITAL E. STREET AND NUMBER 623 LONGVIEW DRIVE 9. AGE (In years last birthday) If Under 24 Hrs. & DATE OF BIRTH 5. SEX 6. RACE If Under 1 Yr. If Und Months! Doys Hours 7. MARRIED X NEVER MARRIED CAUCASIAN WIDOWED DIVORCED 07 10 16 MALE 10A USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if reffred) U.S.A. MARYLAND TRUCK DRIVER BRINKS, INC. 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME ANNIE R. (MAIN) ABRAHAM G. POOLE 15. Was Decessed Ever in U. S. Anned Forces? (Yes,no or unknown) (If yes, give war or dotes of service) 17. INFORMANT BALT I MORE MD. 21229 ADDRESS & SOCIAL SECURITY NO. ST. AGNES HOSPITAL-CATON & 577284584 NO CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OF CONDITION DIRECTLY LEADING TO DEATH 1205. (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 415 ANTECEDENT CAUSES DUE TO, OR AS A CONSEQUENCE OF: DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last. CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) 19A-DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION WAS PERFORMED 20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 20A. AUTOPSY? (Yes of No.) 218 PLACE OF INJURY (e.g., in or obout 21C, WHERE DID home, form, foctory, street, office bldg., INJURY OCCURY ofte.) 21A. A CCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (If in Boltimore City, give exect location) DEATH (notify medical examined OF INJURY (Month) (Dov) (Year) (Hous 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? Not While While At (APPROX.) At Work Work 22. I certify that XI) (this haspital) attended the deceased from APRI ×e) a hospital (e. to death); 19 72 APRIL ond that In (my) (our) opinion death occurred on the date that (A) (we) last saw the deceased oilve on... and hour and from the causes stated above. (A) (We) (did) (did not) view the body after death. 23A. SIGNATURE 23 L DATE SIGNED Attending -Med. Phys. approval 23C. PHYSICIAM'S NAME (Type) 23 D. ADDRESS ST. A GNES HOSPITAL C.R. CHANEY MD CATON & WILKENS AVES. BALTO. MD .21229 24A. BURIAL CREMATION, 24B. DATE (City, town, or county) 24C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION MONROVIA, BURTAT. 4/29
25A, DATE REC'D BY HEALTH DEPT.
APR 26 1972 Pale & E. 72 PLEASANT HILI MARYLAND

VS 150-REV. 1/1/68

INC. EDW. S. MAC NABB SONS,

ANTHON SEASA . TO

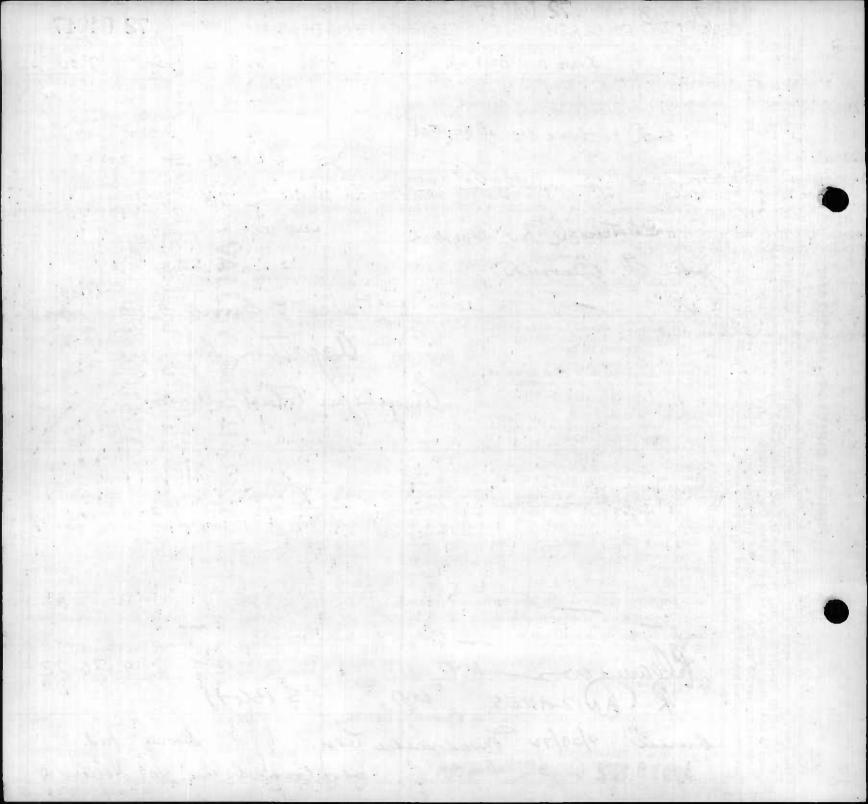
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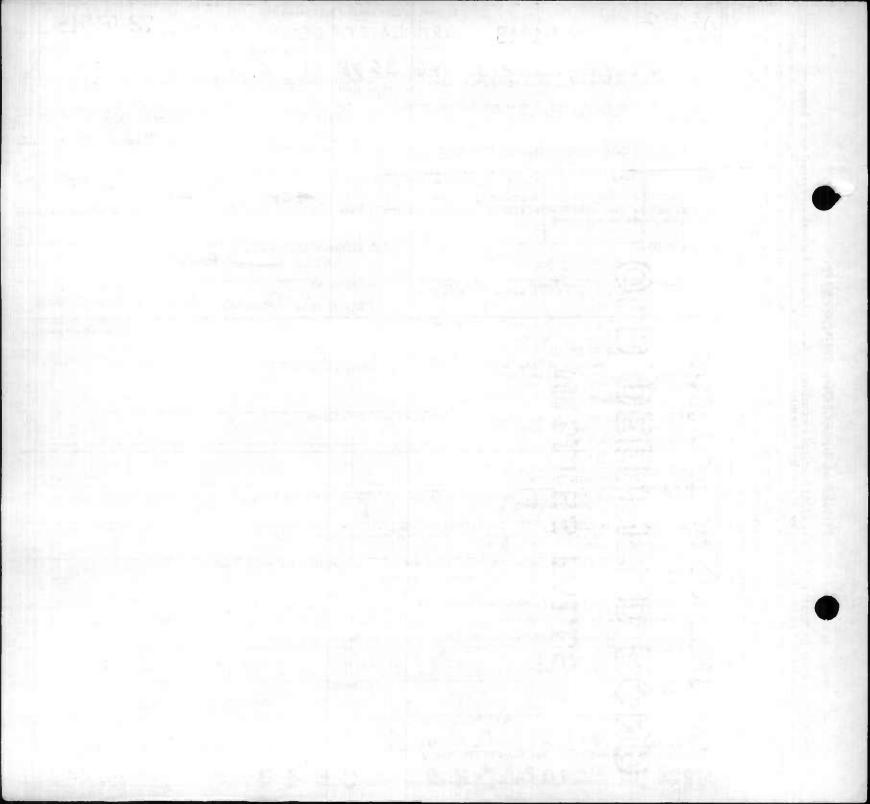
L.	10-620	TE OF DEATH REG. NO. 72 04047			
che da th	BIRTH NO.	ATE OF DEATH			
dea deas n +1 Su	(Type or Print) John D. Barrick	2. DATE AND HOUR OF DEATH April, 26, 1972 7.05 AM			
ital of c bece th.	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
osp e o 5) D 5) D leas	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	A. STATE B. COUNTY Maryland Baltomore city 1803			
da da	HOSPITAL OR ADDRESS OR LOCATION	C. CITY OR TOWN D. INSIDE CITY LIMITS?			
use use ten	South Buttimere General Hagertal	E. STREET AND NUMBER			
ting d ca d ca r at prio	4-3	928 W. Lombard St 21223			
tribu mine gula sed mad	5. SEX 6. RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	B. DATE OF BIRTH 1 21 1901 9. AGE (In yeors If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min. Min.			
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or nde de itio	done during most physoking life even if retired) Turb. Drygoloch	West Vinginia USA			
if derifect was was the sposi	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME			
dire	John P. Barrich	Sarah 6 Tudge			
kind deat	16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS			
SS + _ = = ==	118. CAUSE OF DEA	Melaria 6. Jarrick - 128 N. 2 miles			
an die	DISEASE OF CONDITION DIRECTLY	BETWEEN ONSET AND DEATH			
Also e of noun atte	LEADING TO DEATH	USE Caperation premiumen			
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dy dy a	DISEASE OR CONDITION GIVEN IN PART 1 (A). 194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes) or No. 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?			
by a by a 2) Boo e the physicore the	3 4/ 13/72 WAS PERFORMED Dynhayia and dynarthna	992			
	U 21A. ACCIDENT WAS UNDERLYING Cause OF OR CONTRIBUTING CAUSE OF CEL.)	in or about 21 C. WHERE DID office bldg., INJURY OCCUR?			
P. S. S. Z.	21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?			
hosp antu (6)	While At Not Wh				
he he ny n xce	22. I certify that (I) (this hospital) attended the deceased fram				
app f ar f ar ((e)	that (I) (we) last saw the deceased alive an	197 Land that in(my) (aur) apinian death accurred an the date			
0 2 5 7	and haur and from the causes stated above, (1) (We) (did) (did nat)				
dent deat deat must	23A/STUNATURE	23B. DATE SIGNED			
a harto	23C. PHYSICIAN'S O	tending Med. Shaff Phys. 4-24-22			
y was r y was r (1) An a).A. at d prior approv	NAMELITYPO (AN) 12 ANES and	5 BG+1			
certific sody w s: (1) A D.O.A. assed pr	24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 24C. NAME of CEMETERY of CI				
bod ws: (D.C	Church 4/29/72 Thousand	e Cem. Dorsey hed.			
This certification of the body shows: (1) was D.O. deceased written a	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS			
F 4 5 0 3	VS 150-REV, 1/1/68	Johns. Como Sin Suc. 901 Hollins It			



FUNERAL DIRECTOR: IMPORTANT

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

1-2012	BALTIMORE CITY	HEALTH DEPARTMENT	I ings	0.4040
BIRTH NO. 72 040	48 CERTIFICA	TE OF DEATH	FREG. NO.	- nanag
1. NAME OF DECEASED (Type or Printle))Ard 146 3	6 78 2. DATE AND	HOUR OF DEATH	1 425 A
3. PLACE IN BALTIMORE, MARYLAND, WHERE	PROHOUNCED DEAD	4. USUAL RESIDENCE IWhere	deceased lived. Il institution	residence before admission)
FULL NAME OF HOSPITAL OR ADDRESS OR LOCATION	INSTITUTION, GIVE STREET	Maryland c. CITY OR TOWN	Prince Geor	
		Aquasco	YES [NO
The Johns Hopkins	Hospital	E. STREET AND NUMBER		
5. SEX 6. RACE 7. MJ	ARRIED X NEVER MARRIED		AGE (in years II Un st birthday) Month	der 1 Yr. II Under 24 His.
	OWED DIVORCED	2/23/-04	69 7	, soy, nous
10A, USUAL OCCUPATION (Give kind of work 108, K done during most of working life, even if retired)	IND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreign	country) 12. C	TIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	F - 1	
James Douglas		Katie Fall	er tovilet	
15. Was Deceased Ever in U. S. Armed Ferces? (Yes, no or unknown) (If yes, give war or dates of s.	16. SOCIAL SECURITY NO.	17. INFORMANT	1 2	ADDRESS
	JECONIII NO.	Mrs. Marie Doug	ylas Hyunsce,	md. 20608
18. 593.21	CAUSE OF DEAT		,	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY	r	SE Ronal for	-0	BETWEEN ONSET AND DEATH
LEADING TO DEATH (This does not mean the mode of dying	(A) IMMEDIATE CAU		ulure	***************************************
heart failure, asthenia, etc. It means the d injury or camplication which caused death	sease,	A CONSÉQUENCE OF:		
ANTECEDENT CAUSES				
DISEASES OR CONDITIONS, if any,	giving (B)DUE TO, OR AS	A CONSEQUENCE OF:	~~~	***************************************
rise to the above cause (A) statin	g me			
II.	(C)			
O THER SIGNIFICANT CONDITIONS CONTRIBUTIONS TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A)	ATMAI			
DISEASE OR CONDITION GIVEN IN PART 1 (A)		20A. AUTOPSYT (Yes or No.)	208. IF YES, WERE FINDING	CONSIDERED
WAS PERFORME	D	Yes	208. IF YES, WERE FINDING IN CERTETING CAUSES OF	F DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examined)	21B PLACE OF INJURY le.g., in home, farm, factory, street, of elc.)	or obout 21C, WHERE DID	(If In Beltimere City, g	live exact location)
OF INJURY (Month) (Doy) (Year) (Hou		21 F. HOW DID INJUR	Y OCCUR?	
(APPROX)	While At Not While At Work	0		
22. I certify that (1) (this hospital) atte	nded the deceased from	4//+ 19	FL 10 -	# 1/8 19 22
that (1) (we) last saw the deceased aliv		7 19 72 ond that	In (my) (our) opinion de	ath occurred on the date
and hour and from the causes stated ab	ove (1) (We) (dld) (dld not) vi	ew the bady after death.	. 0	
23A. SIGNATURE	0 . (0 00 '0)		. /	ATE SIGNED
MAOCEN	Very D. Huse Phys	nding Med. See	off ys.	118/12
23C. PHYSICIAN'S NAME (Type) M.D. HOLL	EN1/2-11/2	The Johns Hop		1
24A. BURIAL CREMATION, 24B. DATE	200, NAME OF CEMETERY OF CRE	MATORY 24D, LOC	_	
Durial 4/22/72	John Hoslay Mh	Com. Com	Marca D. G.	md.
25A. DATE REC'D BY HEALTH DEPT. 25B. N	AME OF REGISTRAR	25C FUNERAL DIRECTOR	in 19: 30	ADDRESS
APP 26 1972 P. 4. 4. 8 3	B. THE BOD	Glastell Ex	tams-Ciqua	acs, Md.



FUNERAL DIRECTOR: IMPORTANT

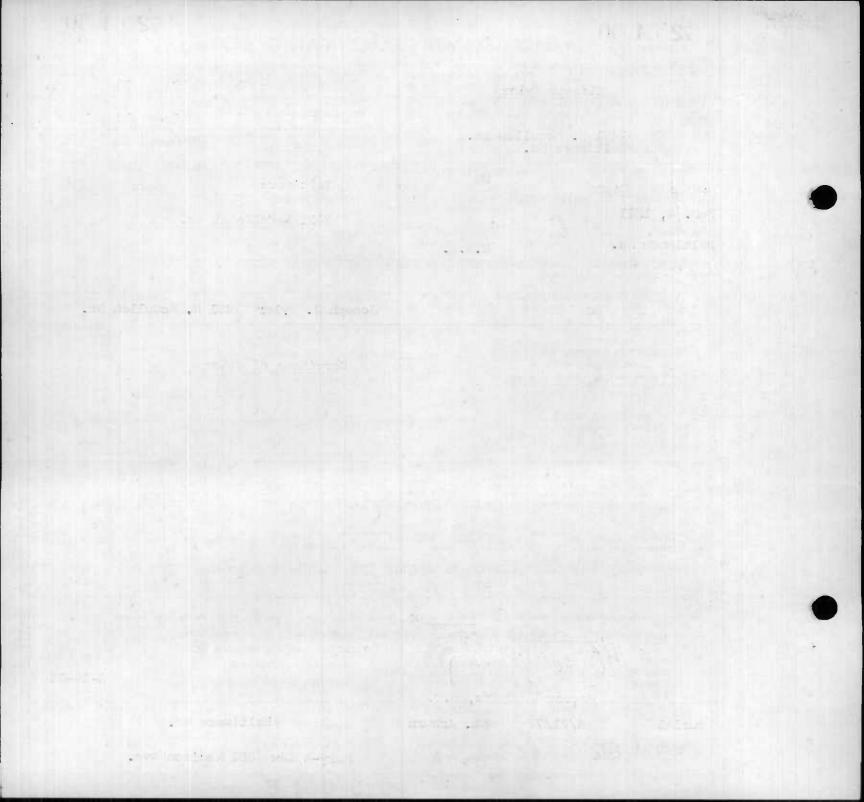
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIR	3-532 72 040	4 ()	HEALTH DEPARTMENT	REG. NO.	72 04049
1.1	NAME OF DECEASED		2. DATE AN	ND HOUR OF DEATH	
	MARY GA	VATOWSKI	4	4 24.72	1 11.351
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PR	ONOUNCED DEAD	4. USUAL RESIDENCE (Whe	re deceased lived. Il in	stitution: residence before admission)
FU HC IN:	ILL NAME OF (IF NOT IN HOSPITAL OR II ADDRESS OR LOCATION) STITUTION	NSTITUTION, GIVE STREET	C, CITY OR TOWN	D. INSI	DE CITY LIMITS?
3	5 Church Home	& Hospital,	E. STREET AND NUMBER	SCHE	YES NO D STER ST. 2/23
5. 5	SEX 6. RACE 7. MAR	RIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	II Under 1 Yr. II Under 24 Hrs. Months; Days Haurs Min.
	F WIDO		1 8. 4 1903	lost biethdoy!	Months Days Hours Min.
OA Ian	USUAL OCCUPATION (Give kind of work 10B, KIN e during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fare	ign country)	12. CITIZEN OF WHAT COUNTRY
	Houseneise	_	Marylano		U.S. B
3.	FATHER'S NAME		14. MOTHER'S MAIDEN NAT	ME	
5. 1	SEBASTIAN Was Decessed Ever in U. S. Armed Forces?	BOCHNIAK 116. SOCIAL	MAGDI	ALANA	KOZAK
Yes	s,na ar unknown) (If yes, give wor or doles af serv	SECURITY NO.	D. D.	1	ADDRESS
_	18.410.9	245-03-548 CAUSE OF DEATH		Hospital	chant.
	DISEASE OR CONDITION DIRECTLY	CAUSE OF DEATH	1	/	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	LEADING TO DEATH IThis does not meen the made of dying,	(A) IMMEDIATE CAU		Remie Se	DER 3days
	heart foilure, asthenia, etc. It means the dise	e.g., DUE TO, OR AS /	CONSEQUENCE OF:		7
	ANTECEDENT CAUSES		for to he	1	2,
	DISEASES OR CONDITIONS, if any, gi	ving DUE TO, OR AS	A CONSEQUENCE OF:	7.1	I days
	rise to the above cause (A) stoling UNDERLYING CONDITION last.	III	48 C 1/2		home one
		(c)			y or of stary
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTE TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).	NG NAL			V
KILLIC	19A. DATE OF OPERATION 19B. CONDITION F WAS PERFORMED	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No	10 CERTIFTING CAU	INDINGS CONSIDERED
CAL	21A. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, off etc.)	or obout 21 C. WHERE DID ice bidg., INJURY OCCUR?	(II In Boltimore	City, give exact location)
MEDI	21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY	21E INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
-	(APPROX.)	While At Work Not While			
	22. I certify that (i) (this hospital) attende	ed the deceased fram	4.21,	9 7>_ta	4 24. 19/2
that (1) (we) last saw the deceased alive an 4, 24, 19 72 and that in (my) (aur) apinian death occurred an the date					
and haur and fram the causes stated above. (i) (We) (did) (did nat) view the bady after death.					
	23A. SIGNATURE Sa OKA P.S.	EMD. Atten			23B, DATE SIGNED
	23C. PHYSICIAN'S NAME (Type)	DEGREE Phys.	Director Director	S toff Phys.	7,27,72
	- // /AL	SINGH MO.	Chunco	Home	CHOSA.
4A.	REMOVAL (Specify) BURIAL AP72		1736	CATION (City)	Howa, or county) (State)
5A.	DATE REC'D BY HEALTH DEPT. 258, NAM	Baltimore, Mar	25C. FUNERAL DIRECTOR	BALLIM	ADDRESS
H	00 2 6 1972 Pale & Ball	7482 0 0 0	W. F. Such	oski+Lons-18	308 Eastern aug

11 1 Sugar Branch Well Tree 1. 1

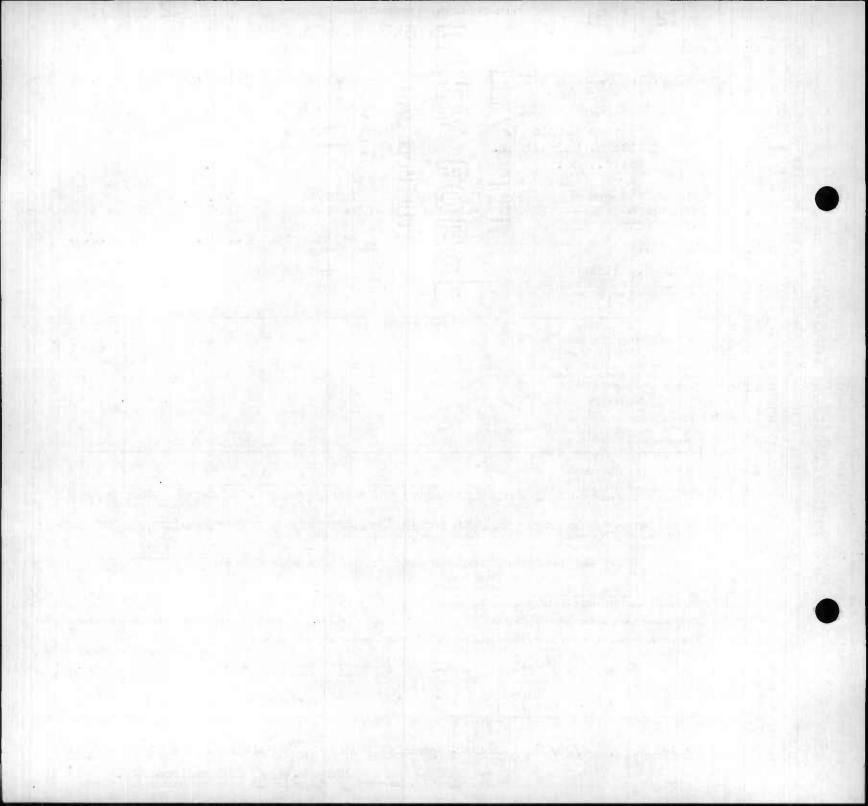
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BIRTH NO.		WEL	CAL	EX.	AMINER'S	LEKIIF	ICATE OF	DEAT	H REG. NO			
I. NAME OF DEC	CEASED					2. DATE	Known 🗌	Month	Doy	Yeor	Hour	
(Type or Print)	E1	eanor	Tvler		, A	OF DEATH	Estimoted 🔀	4	17	72		P. ,
4. PLACE IN BAL					NCED DEAD	3. DATE		Month	Doy	Yeor	Hour	
FULL NAME OF	(IF NO	T IN HOSPITA	AL OR INST	IOITUTI	N, GIVE STREET	PRONC	DUNCED DEAD	4	17	72	1:40) P.,
HOSPITAL OR INSTITUTION		N. MCC		St		5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)						
00		imore N				A. STATE	Maryland		B. COUNTY	/	30	3
6. SEX	7. RACE		18. MADD		NEVER MARRIED	C. CITY O	•		D. INSIDE CIT	TY LIMITS?		
				##			Baltimore					
FeMale Negro WIDOWED DIVORCED 9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs.			11345 140									
Feb. 4, 1		lost birthdo			Doys Hours Min.	E. SIREEI						
		61			751105		2431 McCu	Llough	St.			
Baltimore		gn country)			SEN OF	13. FATHE	R'S NAME					
4A.USUAL OCCU				OF BU	SINESS OR INDUSTR	Y 15. MOTH	ER'S MAIDEN NA	ME				
16. WAS DECEAS (Yes, no or unknown	ED EVER IN	U.S. ARMEI	D FORCES of service)	? 1	7. SOCIAL SECURITY NO.	18. INFOR	MANT h J. Tyler	2431	N. McCu	DDRESS	St.	
19.	3 8				CAUSE OF DEA					A	PPROXIMATE	
10	2101									BETV	VEEN ONSE	AND DEA
	LEADING TO		CTLY			0.		£1				
	not meon the		vina. e.a.		(A) IMMEDIATE	CAUSE Carcinoma of colon						
heort foilure	e, osthenio, etc mplication whi	c. It meons the	e diseose,		DUE TO, OK	AJ A CONSE	QUENCE OF:					
injury or con	mplicollon will	icii coused de	om.j									
A	NTECEDENT	CAUSES			(B)							
DISEASES	OR CONDITI	ONS, IF AN	Y, GIVING		DUE TO, OR	AS A CONS	EQUENCE OF:					
LINDERIYII	NG CONDIT	TION LAST.	IIING INE		(c)							
<u>Ó</u>		11			(0)							
O THE DE	NIFICANT CO ATH BUT NO R CONDITION	T RELATED TO	THE TERM	INAL		h 6 h 4 4 5 m h 6 0 h h h h 6 h					and the second of the second o	
20A. DATE O					HICH OPERATION W	AS PERFOR	MED			21. AUTO	PSY? (Ye	s or No)
8											No	
₹ 22A. EXTER	NAL CAUSE	WAS		22B. PL	ACE OF INJURY(e.g.	in or about	22C. WHERE DID	(If in Boltimo	re City, give exo			_
UNDERLYING UTING CA	OR CON	NTRIB- ATH.			ACE OF INJURY(e.g. orm, foctory, street, office	ce bldg., etc.)						
≥ 22D. TIME OF INJURY	(Month) (Doy) (Yeo	r) (Hour	'	INJURY OCCURRED		22F. HOW DID II	AJURY OCC	UR?			
(APPROX.)				m. WC		WHILE WORK			DOLL.			
23.				_								
l cer	tify that I h	neld on	Inquiry L		Inspection X Au	top sy	ond that on	this bosis,	deoth in my	opinion		
resul	ted from; 1	Notural cou	ses X	Act	Iden Suici	de 📗 I	Homicide	Undetermi	ned monner			
	11111	1 - 01	1/5		1	Deputy	CHIEF MEDICAL	EXAMINER	X		DATE SI	CNIED
SIGNAT		4/M/X	1///	X	M.I	AS	SISTANT MEDICAL	EXAMINER			DAIL 3	GIVED
EXAMIN		1.00	10	1)	, m.,		OCIATE MEDICAL	EXAMINER			4-18-	72
NAME (Werner	U. St	pitz	M.D.							
24A. BURIAL CRE REMOVAL (Spec Burial	MATION,	24B. DATE 4/21/	72	Mt	· Arburn	or CREMA		LOCATION		n, or county	(:	Stote)
25A DATE DECTO	ET HEATEN	DEPT)	25R N	AMEC	F REGISTRAR	7250	FUNERAL DIREC	TOR	A	DDRESS		
25A. DATE RECT	0 19/2	Nobe	B E. 9	all	Ly A.D.		ry-E Law		dison A			
VS 151-REV. 1/1/6	8		7	7	20110	7 73	0 1 6					



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

130	04051	BALTIMORE CITY	HEALTH DEPARTMENT		2 (4651		
	, 04001	CERTIFICA	TE OF DEATH	REG. NO			
BIRTH NO.	DECEASED	CERTIFICATION OF THE PROPERTY		AND HOUR OF DEAT	v		
(Type or Print)	DICIASED		2. DATE	AND HOOK OF DEAT	1		
3 PLACE IN	BALTIMORE MARYLAND	Ellison WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (V	April 20 19	Institution: residence before odmission)		
or react in	one in the contract of the	WHERE PROMOBINEED DEAD	A. STATE B. CC	YTAUC	120 -		
FULL NAME	OF (IF NOT IN HOSPI	TAL OR INSTITUTION, GIVE STREET	Maryland		1303		
INSTITUTION			C. CITY OR TOWN	D. IN	ISIDE CITY LIMITS?		
5	Midtown Nursi		Baltimore		YES 🔼 NO 🗌		
90	1115 N. Calve	ert St.	E. STREET AND NUMBER				
10	Balto., Md.		2357 Druid H				
5. SEX	6. RACE Negro	7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8/22/07	9. AGE (In years lost birthdoy) 64 yrs.	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.		
		1 108, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Slote or		12. CITIZEN OF WHAT COUNTRY		
done during mos	st of working life, even if retired)						
13. FATHER'S	N A A A E		Northuberton 14. MOTHER'S MAIDEN I	Co., Va.	U.S.A.		
	H. Ellison		Anne Redm	on			
15. Wos Deceo (Yes, no or unkn	osed Ever in U.S. Armed Fo	orces? 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS		
No			Maurice Ellis	on 2307 Rigg	s Ave		
1B. ∠/	124140	CAUSE OF DEAT		OH 2507 KIGG	APPROXIMATE INTERVAL		
DIS	EASE OR CONDITION D	IRECTLY There	cardial >	Include.	BETWEEN ONSET AND DEATH		
	LEADING TO DEATH	(A) IMMEDIATE CAL			Week		
	es not meon the mode of ure, osthenio, etc. 11 meon	dying, e.g., DIJE TO OR AS	A CONSEQUENCE OF:				
	complication which couse			10	2		
	ANTECEDENT CAUSE	s AS	·C .V .	Rusea	· ·		
DISEASES	S OR CONDITIONS, if	(B) DUE TO, OR AS	A CONSEQUENCE OF:				
rise lo	the obove couse (A)						
UNDERLY	YING CONDITION lost.	(c)					
7	11	/.	^	1, 00,1	7		
OTHER SIG	SNIFICANT CONDITIONS CO		heles 1	wellite.			
▼ DISEASE C	OR CONDITION GIVEN IN PA		20A AUTOREV2 (Yes or	Noll 208 IE VEC WEB	E FINDINGS CONSIDERED		
E TA. DATE	WAS PE	REFORMED	20A. AUTO TOTAL	IN CERTIFYING C	AUSES OF DEATH?		
21A ACC	IDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g.,	n or about 21 C WHERE DIE) (If In Boltim	note City, give exact location)		
OR CONT	RIBUTING CAUSE OF	home, form, foctory, street, o	fice bldg., INJURY OCCUR	?	tore City, give exact location		
O	otify medical examiner	erc./	ALC: NO DESTRUCTION OF THE PARTY OF THE PART				
21D. TIME				INJURY OCCUR?			
E (APPROX.)		While At Not While Work At Work					
22 1 000	eify that (I) (this hasnite	al) attended the deceased fram	1018	19.71_ta	4/20 1972		
that (I) (we) last saw the deceased alive on 4/20 1972 and that In(my) (aur) apinloi					pinion death accurred an the dat		
	and hour and from the causes stated above. (1) (We) (did) (did nat) view the body after death. 23A. SIGNATURE						
23A. SIGN	ATURE / /2	20	anding Med.	5.4	23 B. DATE SIGNED		
	DEGREE Phys			Staff Phys.	1/24/72		
23C. PHYSI NAM	LE (Type) SENH	S. BLUM HS	23D. ADDRESS	-n. Calva	Ext 57		
24A. BURIAL O	CREMATION, 24B. DATE	24C, NAME of CEMETERY OF CR	EMATORY 240	LOCATION (City, town, or county) (Stotel		
		72 Ambutus Mamaria	Dawle	nlldmann M-	un il an d		
25A. DATE RE	C'D BYOHEALTHOPEPT.	72 Arbutus Memorial	25C. FUNERAL DIREC	altimore, Ma	ryland ADDRESS		
AP	KZU ISIZ	107000	Mary E. La	w 802 Madis	on Ave.		
VS 150-REV. 1	1/1/6R	+ 7 / 6 4	1 3 11	0			



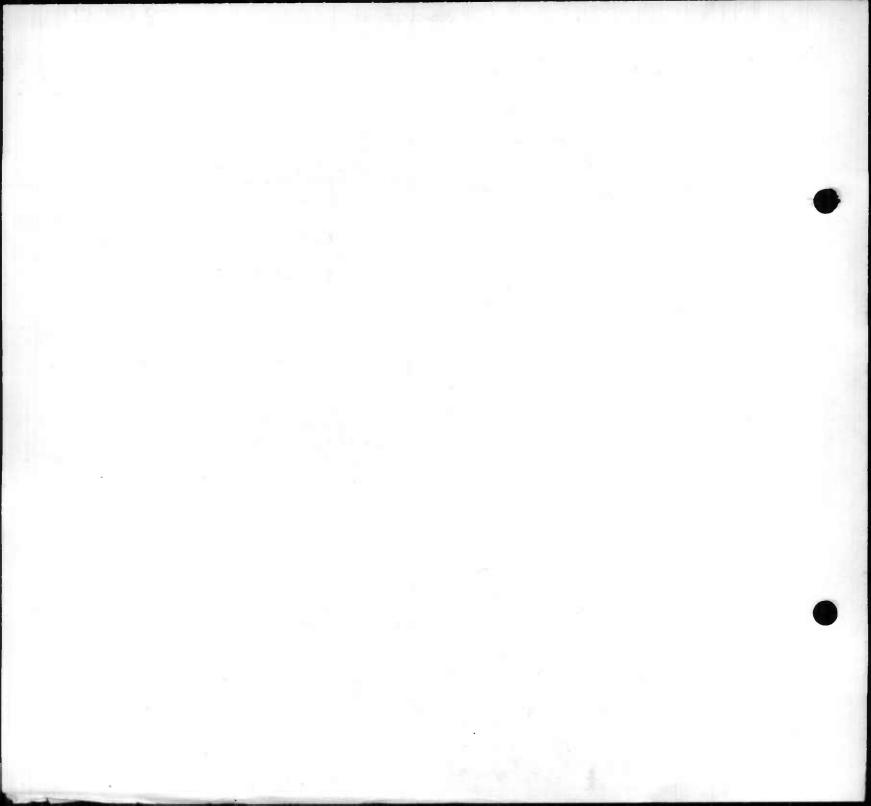
occurred in a hospital and

2 0.4052	BALTIMORE CITY HEALTH DEPARTMENT
C 114 UUC	CERTIFICATE

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BIRTH NO. CERTIFICA	ATE OF DEATH REG. NO.
Type or Print MARIAN GY HALL	2. DATE AND HOUR OF DEATH 20 AM. 72 1 730 D
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE I Where deceased lived. Il institution residence before admis-
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	MD BACTO. 2037
8 LINIV. OF MARYLAND HOSP	BALI, MORE YES NO N
BALTO., MD. 21201	E. STREET AND NUMBER 102 N. KOSSUTH ST. 21229
5. SEX 6. RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE (In years II Under 1 Yr. II Under 24 Months Doys Hours Min
10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTR done during most of working life, even if refired) 57 = NOC.	11. BIRTHPLACE (Slote or foreign country) 12. CITIZEN OF WHAT COUN 12. CITIZEN OF WHAT COUN 12. CITIZEN OF WHAT COUN
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
MILTON J. WRIGHT	ESTELLE STEPNEY
15. Was Deceased Ever in U. S. Armed Farces? (Yes, no or unknown) (If yes, give wor or dotes of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
18. 7 3 4 / 1 CAUSE OF DEA	CITACONIMOTE HATENAY
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	BETWEEN ONSET AND DE
(This does not mean the made of dying as (A) IMMEDIATE CA	USE ACUTE RENAL FAILURE 2 YRS A CONSEQUENCE OF:
heost loilure, osthenia, etc. It means the disease, injury or complication which coused death.)	A CONSEQUENCE OF:
ANTECEDENT CAUSES	SLE
DISEASES OR CONDITIONS, if ony, giving DUE TO, OR AS	A CONSEQUENCE OF:
tise to the obove couse (A) sloting the UNDERLYING CONDITION last. (C)	LUANS NEIHRY IS
S. IDISEASE OR CONDITION GIVEN IN PART 1 (A)	YLOCOCCAC PREVIOUS
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., of DEATH (notify medical examined) 21B. PLACE OF INJURY (e.g., of the place) 21B. PLACE OF	in or chart 21 C. WHERE DID
21D. TIME (Month) (Doy) IYeori (Hour) 21E. INJURY OCCURRED OF INJURY OF INJURY OF INJURY	21F. HOW DID INJURY OCCUR?
(APPROX) While At Work At Work	
22. I certify that (I) (this haspital) attended the deceased fram	11 Mar 1972 to 20 Apr 1972
that (1) (we) last saw the deceased alive on 20 Ap	
and have and from the causes stated above (i) (We) (did) (did not)	lew the body ofter death.
23A. SIGNATURE DAYM 104M A TILL AND AND	23 R. DATE, SIGNED
Phy	anding Med. Stoff A/20/7-2
P. A. MACKOWIAK MD	U- OF ND. HOSPITAL BACTO. 2120
24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY OF CRI	MATORY 24D. LOCATION (City, town, or county) 15tote)
Burial 4/25/72 Arbutus Memorial	Park Baltimore, Maryland
25A. DAPRICE 6 1972 DEED BELL SSPINAME REGISTIAR	25C. FUNERAL DIRECTOR ADDRESS MARY E. Law 802 Madison Ave.
VS 150-REV. 1/1/68	3 4 7



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053	BALTIMORE CITY HEALTH DEPARTMENT

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	72	0.4	053	3
REG.	NO			

BIRTH NO. 1. NAME OF DECEASED	RTIFICATE OF D	P-/	10
(Type or Print) SPRA 10 20	1-100	2. DATE AND HOUR OF	DEATH 10 19TM
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DE	NEURIL DES	DENCE (Where deshared line	M.
	A. STATE	B. COUNTY	ed. If institution: residence before admission)
FULL NAME OF HOSPITAL OR INSTITUTION, GIV ADDRESS OR LOCATION)	E STREET Maryl		15 3 1
Baltimore City Hospitals	Baltim		D. INSIDE CITY LIMITS?
3/ 4940 Eastern Avenue	E. STREET AN	NUMBER	
Baltimore, Maryland, 2122	2612 N	. Longwood Stre	et 212 2 6
6. RACE 7. MARRIED NEVER	MARRIED 8. DATE OF BI	TH 9. AGE (In you	
	VORCED 5/14/08	lost birthdoy)	4 Manihs Daye Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS flone during most of working life, even if relired)	OR INDUSTRY 11. BIRTHPLAC	(Slate or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	45-11	7,	W.S.A.
3. FATHER'S NAME	14. MOTHER'S	MAIDEN NAME	W.V.
William	Gorle	tt	
S. Was Decaased Ever in U. S. Armed Farces? 16. SOCIAL	. 17. INFORMAN	1010	ADDRESS
	TY NO. BCH-Reco	rds 4940 La	stern Avenderss
18. / O 3 O 1 CAU	SE OF DEATH	Baltimo	re, Maryland 21224
100,01	SE OF DEATH	feraning	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Cola	and to	1 61
I VIIIS GOES NOT MEGN THE MODE OF DVING A.	MEDIATE CAUSE UE TO, OR AS A CONSEQUENC	05	0 3
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	OE 10, OX AS A CONSEQUENC	7	
ANTECEDENT CAUSES	netatist	10 00-1.1	and It week
(B)	ILE TO OB AS A CONSCOURS	ac O vierca	
rise to the above couse (A) stating the	UE TO, OR AS A CONSEQUENT	nerva.	10
UNDERLYING CONDITION lost. (C)			
2			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).			
DISEASE OR CONDITION GIVEN IN PART 1 (A). 194 DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION	ATION 120A AUTOR	V2/Vac as Nail 208 IE Vac	***************************************
19A DATE OF OPERATION 198 CONDITION FOR WHICH OPER WAS PERFORMED	NO	IN CERTIFYIN	WERE FINDINGS CONSIDERED G CAUSES OF DEATH?
	NJURY (e.g., in or about 21 C. W		
The read of	THE ORITHMENT OF OUR OFFICE AT	HERE DID (If In B	altimace City, also exact location
OR CONTRIBUTING CAUSE OF home, form, foci	ory, street, office bldg., INJUR	HERE DID (If In B	altimare City, give exact location)
OR CONTRIBUTING CAUSE OF home, form, foci of DEATH (notify medical examines)	ory, street, office bldg., INJUR	OCCUR?	altimare City, give exect location)
OR CONTRIBUTING CAUSE OF home, form, foci plant (notify medical examined) 21D.TIME (Month) (Day) (Year) (Hour) 21E INJURY OC	CURRED 21F. H	HERE DID (IF In B	altimare City, give exect location)
OR CONTRIBUTING CAUSE OF home, form, foci pearth (notify medical examined) 21D-TIME (Month) (Day) (Year) (Houd) 21E INJURY OF INJURY (APPROX.)	CURRED 21F. H	OCCUR?	altimare City, give exect location)
OR CONTRIBUTING CAUSE OF home, form, foci pearth (notify medical examines) PEATH (notify medical e	CURRED 21F. H	OCCUR?	altimare City, give exect location)
OR CONTRIBUTING CAUSE OF home, form, foci pearth (notify medical examined) 21D-TIME (Month) (Day) (Year) (Houd) 21E INJURY OF INJURY (APPROX.)	CURRED 21F. H	OCCUR? DW DID INJURY OCCUR?	4/24 1972
OR CONTRIBUTING CAUSE OF home, farm, foci of DEATH (notify medical axamines) 21D.TIME (Manth) (Day) (Year) (Hous) 21E INJURY OF INJURY (APPROX.) 22. I certify that (I) (this haspital) attended the deceased that (I) (ma) last saw the deceased alive on	CURRED 21F. H. No! While A! Work 2	OCCUR? DW DID INJURY OCCUR? 19 2 ta 2 and that in (my) (au	oftimore City, give exact location) 19 7 2 r) opinion death occurred on the date
OF CONTRIBUTING CAUSE OF home, form, foci of DEATH (notify medical examine) 210. TIME (Manth) (Day) (Year) (Hour) 211. TIME (Manth) (Day) (Year) (Hour) 212. I certify that (I) (this haspital) attended the decease	CURRED 21F. H. No! While A! Work 2	OCCUR? DW DID INJURY OCCUR? 19 2 ta 2 and that in (my) (au	4/24 1972
OR CONTRIBUTING CAUSE OF home, form, foci pearly (notify medical examines) 21D.TIME (Manth) (Day) (Year) (Hous) 21E INJURY OF INJURY (APPROX.) 22. I certify that (I) (this hospital) attended the deceased that (I) (well last saw the deceased alive on and hour and from the causes stated above. (I) (Well (did))	CURRED 21F. H. No! While 2 At Work 2 d from 19 (dita not) view the body of t	OCCUR? DW DID INJURY OCCUR? 19 2 ta 2 and that in (my) (auther death.	r) opinion death occurred on the date
OR CONTRIBUTING CAUSE OF home, form, foci pearth (notify medical exemines) 10 TID. TIME (Month) (Day) (Year) (Hous) 21E INJURY OF INJURY (APPROX.) 22. I certify that (I) (this hospital) attended the deceased that (I) (medical saw the deceased alive on and hour and from the causes stated above. (I) (Max) (did)	CURRED Not While At Work d from 19 Attending Measure Management Measure Mea	OCCUR? DW DID INJURY OCCUR? 19 2 1a 2 and that in (my) (auther deaths	r) opinion death occurred on the date
OR CONTRIBUTING CAUSE OF home, form, foci DEATH (notify medical examines) 21D-TIME (Manth) (Day) (Year) (Hous) 21E INJURY OF INJURY (Manth) (Day) (Year) (Hous) 21E INJURY OF INJURY (Manth) (I) (whis hospital) attended the decess that (I) (well last saw the deceased alive on and hour and from the causes stated above. (I) (Well (did) 23A. SIGNATURE) 23C. PHYSICIAN'S NAME (Proof	CURRED No! While A! Work 19 14th not) view the body of DEGREE Attending Means Mea	19 Z ta 19 Z ta 19 Z and that in (my) (author actor Phys. X 4940 Eastern Ax	r) opinion death occurred on the date
OR CONTRIBUTING CAUSE OF home, form, foci pearth (notify medical examines) 210-TIME (Month) (Doy) (Year) (Hous) 21E INJURY OF INJURY (APPROX.) 22. I certify that (I) (this haspital) attended the deceased that (I) (medical examines) attended the deceased that (I) (medical examines) (Medical exami	CURRED Nol While At Work d from 19 Attending M DEGREE Phys. DEGREE DEGREE ATTENDED 121F. H ATTENDED 21F. H A	TOCCUR? 19 7 1a 19 2	polyton death occurred on the date 236, DATE/SIGNED 1/2/72 Venue 21224
DEATH (notify medical examines) ID TID. TIME (Manth) (Day) (Year) (Hous) While AI Work While AI Work That (I) (we) last saw the deceased alive on and hour and from the causes stated above. (I) (We) (did) 23A. SIGNATURE DEATH (notify medical examines) NAME (I) POST (ZPH) Roll Roll DEATH (notify medical examines) NAME (I) POST (ZPH) Roll DEATH (notify medical examines)	CURRED No! While At Work Ty Attending DEGREE Attending M DEGREE M Attending M DEGREE M Attending M DEGREE Phys. Add Add No. Attending M DEGREE Phys. Attending M DEGREE Phys. Attending M DEGREE Phys. Attending M DEGREE Phys. Attending	19 Z ta 19 Z ta 19 Z and that in (my) (author actor Phys. X 4940 Eastern Ax	r) opinion death occurred on the date
DEATH (notify medical axamines)	CURRED No! While A! Work A! Work A! Work A! Work A thending DEGREE ETERY of CREMATORY ARRAY	22 and that in (my) (authorized Baltimore, Mary	r) opinion death occurred on the date 238, DATE/SIGNED 228, DATE/SIGNED 72 72 72 72 72 73 74 (City, town, or county) (Stote)
OR CONTRIBUTING CAUSE OF home, form, foci plant (notify medical examines) OF INJURY (Manth) (Day) (Year) (Hous) 21E INJURY OF INJURY (APPROX.) 22. I certify that (I) (this hospital) attended the decess that (I) (we) last saw the deceased alive on and hour and from the causes stated above. (I) (this that (I) (we) (II) (II) (III) (III	CURRED No! While A! Work A! Work A! Work A thending DEGREE ETERY OF CREMATORY AREA	22 and that in (my) (authorized Baltimore, Mary	polyton death occurred on the date 238, DATE/SIGNED 24 72 72 74 75 76 76 77 76 77 76 77 78 78 79 70

Guinevere T. Spender F. H.

This certificate must be

occurred in a hospital and

1	BALTIMORE CITY	CHEALTH DEPARTMENT							
uch	BIRTH NO. 72 04054 CERTIFICA	TE OF DEATH REG. NO. 72. 04054							
Such	1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH							
	GEORGE DOUGLAS Johnso	N 4/24/72 110.10 PM							
-	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before admission) A. STATE 8. COUNTY							
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	Md. 1605							
2-	ΙΝΣΠΤΟΠΟΝ	C.CITY OR TOWN D. INSIDE CITY LIMITS? YES VES VES VES VES VES VES VES VES VES V							
5	University of MARYLAND HOSPITAL	BALTIMORE YES W NO							
See a	V	2424 W. Lafayette Ave.							
sed p	5. SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs.							
eased is ma	WIDOWED DIVORCED 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY	7/14/94 77							
dece	done during most of working life, even if retired)								
Pi	BAR TENDER 13. FATHER'S NAME	MARYLAND U.S.A.							
disposition		14. MOTHER'S MAIDEN NAME							
dis		ANNIE YOUNG							
nai	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no of unknown) (If yes, give wor ar dotes of service) SECURITY NO.	17. INFORMANT ADDRESS							
E #	YES WWI 217-12-8719	Mes. Tauline Hoper-3420 Monday min Huz							
enda d or	18. 16211 CAUSE OF DEAT	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH							
med	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	ISE Broncho genic Carcinome 10 months							
	(A) IMMEDIATE CAL	A CONSEQUENCE OF:							
lar 15a	hearl failure, asthenia, etc. It means the disease, injury ar camplication which caused death.)								
9 6	ANTECEDENT CAUSES								
dre	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF:								
2	rise to the obove cause (A) stoling the UNDERLYING CONDITION last. (C).								
main	- 11								
9	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	cleratic heart direct							
the remain	SISEASE OR CONDITION GIVEN IN PART 1 (A).	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED							
0	WAS PERFORMED	NO IN CERTIFYING CAUSES OF DEATH?							
-	OR CONTRIBUTING TICANICS OF	n or about 21 C. WHERE DID (If In Boltimore City, give exact location)							
	DEATH (notify medical examine)								
ed.	OF INJURY (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?							
tain	(APPROX.) While At Not While At Work At Work	· 🗆							
3 45	22. I certify that (1) (this haspital) attended the deceased fram.								
1	that (i) (we) last saw the deceased alive an APRIL 24	19_22and that in(my) (aur) apinion death accurred on the date							
must be	and have and from the causes stated above. (i) (We) (did) (did not) v	lew the bady after death.							
must	23A. SIGNATURE	238. DATE SIGNED							
	DEGREE Phys								
LOV	NAME (Type)	23D. ADDRESS							
bb	AGUSTIN M. FLORIAN, M.D. DEGREE	University of MARYLAND KUSPITAL							
n a	24A BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CRE	MATORY 24D, LOCATION (City, toyin, or county) (State)							
deceased prior to written approval	25A. DATE REC'D BY HEALTH DEPT. 125B. NAME OF REGISTRAR	ATI lemy DAIto Md							
deceased p written app	ADD OR 1079 Q Q Q Q Z Q Z	25G. BUNERAY DIRECTOR ADDRESS							

BURIAL CREMATION, REMOVAL (Specify) DATE 24D, LOCATION (City, toyen, or county) (State) 258. NAME OF REGISTRAR ino emi 25A. DATE REC'D HEALTH DEPT. 25**G**. BUNERAL DIRECTOR ADDRESS Ja Be 100 9 6 VS 150-REV. 177/68 33 0 AUVENS

44 149 Land the College of t

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was An accident of any nature the physician who pronounced death was in regular attendance on the deceased prior to death. Such written approved must be obtained before the remains are embalmed or final disposition is made.

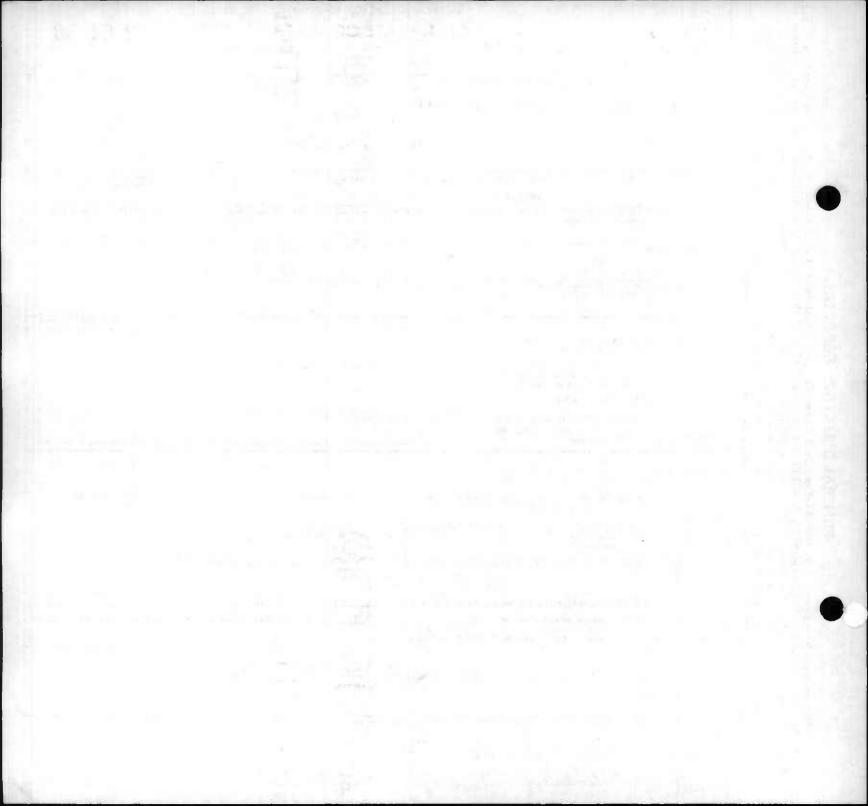
	7	. 1963	040=	BALTIMORE CIT	Y HEALTH DEPART	MENT		20 0	4 /) pur pile
BIRT)-15C) 12	0405	CERTIFICA	ATE OF DE	ATH	REG. NO	72 00	1055
(Тур	or Print	Y AGNI	es S	EA BON		41261	72	121	00 A.M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONDUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. CDUNTY									
FUL	LNAME	OSE OSE	AL OR ASTI	TUNO NEW PRES	NEY	CIRCL	E NUR	SING 1	HOME
NS	ITUTION	Provident	Hospit	al, Inc 14-	C. CITY OR TOWN	J		DE CITY LIMITS?	
	20	2600 Libe	4	•	Baltimore	JUANRED		YES 🗹	NOL
-	37	Baltimore			1214	Eut		ACE	2714
• SI	F	B	7- MARRIED WIDOWEL	DIVORCED	8-6-	1874 lost	AGE (In years t birthdoy)	If Under 1 Yo Months Doys	
		TIDN (Give kind of we ling life, even if retired)		OF BUSINESS DR INDUSTR		tate or foreign	countryl	12. CITIZEN O	F WHAT COUNTRY?
					Maryland			U.S.A.	•
l. F	ATHER'S NAME		ROBERT	MILDMIND	14 MOTHER'S MA	AIDEN NAME			
4	UNKNO	WN	RUBERI	TURNER	TINK	COUNTY.	MARY PL	EASONT JO	ONES
05,	Yos Deceased Eve no or unknown! (If	er in U. S. Anned F yes, give war or do	erces? ites of service!	SECURITY NO.	17. INFORMANT		Daughte		
_				224-72-8444 CAUSE OF DEA		inia Cha	amp (Frien	4) 4633	Falls Rd.
	18.4.12	4 7/	7.4	CAUSE OF DEA	in .			BETWEE	EN ONSET AND DEATH
		OR CONDITION D ADING TO DEATE			P		15	CVD 4	1/20/20 4
	(This does not	mean the mode	of dying, e.g	DUE TO, OR A	S A CONSEQUENCE O	MATING Fi	1 A JI	7	100/10-11
	heart failure, ast	henia, etc. It mean	is the disease ad death.)	6			CH	7	unknown
		TECEDENT CAUSE		Yene	al atra	wisely.	mai	11	a kenn
		CONDITIONS, IF		DUE TO, OR A	S A CONSEQUENCE	OF	14 10-0	- U	TYTULE
	rise to the	above cause (A			Polt 1	reast	mak C	a. U	nkurum
	UNDERLYING C	ONDITION lest		(c)_///	147	7	Auron.		
2	OTHER SIGNIFICA	II NICONDITIONS C	ONTRIBITING			V	,		
ATIC	TO THE DEATH B	UT NOT RELATED TO	THE TERMINAL						
		PERATION 198 CO		WHICH OPERATION	20A-AUTOPSYR	(Yes of No) 2	OB. IF YES, WERE	FINDINGS CONSUSES OF DEATH	SIDERED
	21A. ACCIDENT OR CONTRIBUTION DEATH Inotify me	WAS UNDERLYING NG CAUSE OF edical examined	lhe	BPLACE OF INJURY (e.g. me, form, factory, street, c.)	in or obout 21 C. WHI	ERE DID	lit in Baltimor	e City, give exoc	t location)
	21 D. TIME (N	Aonth) (Doy) (Yes		E INJURY OCCURRED		W DID INJUR	Y OCCURT		
s i	IAPPRDX)			/hile At Work At Work					
22 transfer that (1) (ship har tell estanded the decorate transfer of the 20 10 72 to 10 72									
that (1) (we) last saw the deceased alive on April 26 19 12 and that in (my) (our) apinion death occurred on the date									
ond hour and from the couses stated above. (1) (We) (did) (did not) view the body after death.									
23A, SIGNATURE Attending Med. Stoff W 1/2/6/						NED			
						11/20	170		
	23C. PHYSICIAN S NAME IType	1 1/2 01110	V WVV I	DEGREE	23D. ADDRESS			17/20	
				W.A.	PPAUDE	1- 14	SPITE	TAIT	110
24A	MERCEL.	THE LO	MBATIR	NAME of CEMETERY of C	PROVIDE	24D. LOC	ATION (C	ity, town, or coun	MD. (Stote)
	REMOVAL ISpen	4-30-					ott, Va.	The second of cool	to mint
25.0	Burial		11100	adiah Cemeter			/c C , V C ,		ADDESS
ZDA	. DATE REC'D BY		258 NAME	OF REGISTRAR	25C. FUNERAL	DIRECTOR		Al	DDRESS
		000	Cl. da EL.	and the same	Morton a	and Divet	tt F.H 17		
	APR 26 19	172 Page	El Jorga	CARP O O	Morton	and Dyet	tt F.H. 17		ns Street

4/14/70 4633 Falls Rd 21211

5-19-1972 - Forrection Form from Funeral Director - 'Leroy O. Dyett (Morton Dyette Funeral Home)
HRS

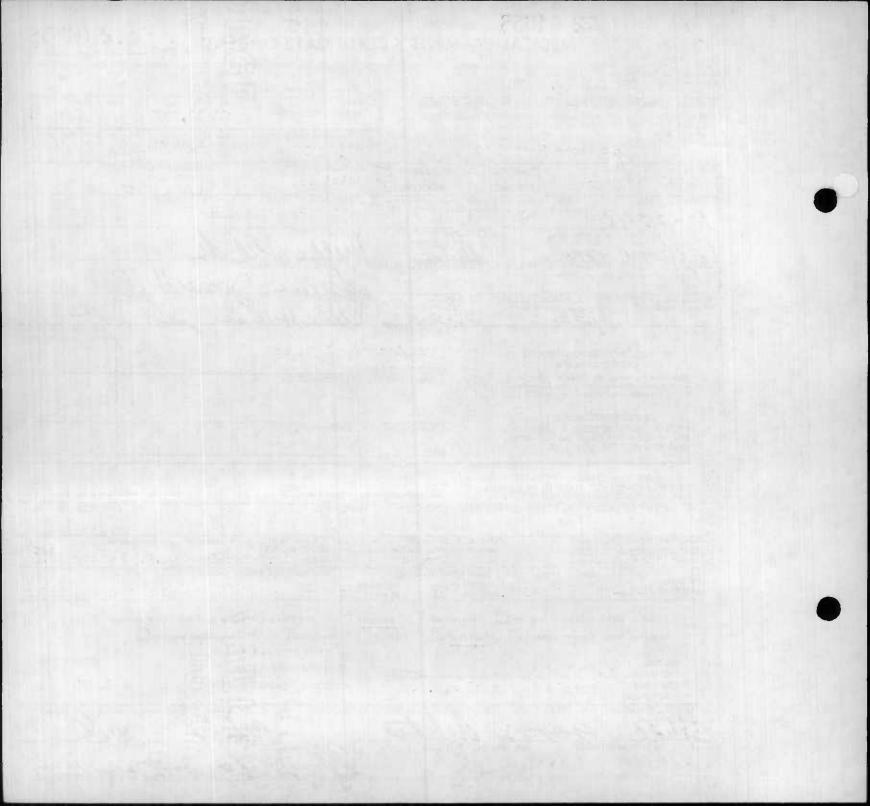
Such irect or contributing cause of death (4) Undetermined cause; (5) Deceased 0 hospital eath. ance Ö attend 0 prior or final disposition is made. in regular deceased Was the death E O attendance fracture of any who pronounced embalmed in regular obtained before the remains are ව physician (6) No physician was medical burns; the where to the hospital any nature; approved (except and death); Pe accident of hospital the body was released shows: (1) An accident must deceased prior to approval Ū ŧ was D.O.A. written

BALTIMORE CITY HEALTH DEPARTMENT REG. NO. CERTIFICATE OF DEATH I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admi 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD A. STATE FULL NAME OF HOSMTAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C. CITY OR TOWN D. INSIDE CITY LIMITS? YES X NO OF BAUTIMORE INAI E. STREET AND NUMBER PARKWOOD 2708 9. AGE (in years lost birthday) 6. RACE & DATE OF BIRTH If Under 1 Ya 5. SEX If Under 24 Hrs. NEVER MARRIED · MARRIED 11-23 WIDOWED 7 10A USUAL OCCUPATION (Give kind of work) 10B, KIND OF BUSINESS OR INDUSTRY 111, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if refired) 10 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME INNIS AG 10 INNI 15. Wes Deceased Ever in U. S. Armed Forces? [Yes,na or unknown] (II yes, give war pr doles of service) & SOCIAL SECURITY NO. 220-14-89114 KWOOC CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dylng, e.g., heart failure, asthenia, etc. It means the disease, injury or compilcation which caused death.) DUE TO, OR AS A CONSEQUENCE OF ANTECEDENT CAUSES DUE TO, OR AS A CONSEQUENCE OF DISEASES OR CONDITIONS, If any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last 11 CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218, PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID home, form, factory, street, office bidg, INJURY OCCUR? (If In Baltimare City, give exact location) MEDICAL DEATH (notify medical examined 21 D. TIME (Month) (Day) (Year) (Houd 21E INJURY OCCURRED 21F. HOW DID INJUST OCCUR? Not While While At (APPROX) At Work Wark 4 -19 72 to 22. I certify that (1) (this hospital) attended the deceased from and that In(my) (our) opinion death occurred on the date that (I) (we) last sow the deceased alive on, and hour and from the causes stated above. (1) (We) (did) (did not) view the body after death. 23A. SIGNATURE 23R DATE SIGNED Stoff L Med. Director 23C. PHYSICIAN'S NAME (Type) 23 D. ADDRESS BURIAL CREMATION, 24C. NAME OF CEMETERY OF CREMATORY 24D LOCATION 248. DATE (City, town, ar county) (Stole) ADDRESS 25A. DATE REC'D BY 258, NAME OF REGISTRAR VS 150-REV. 1/1/68



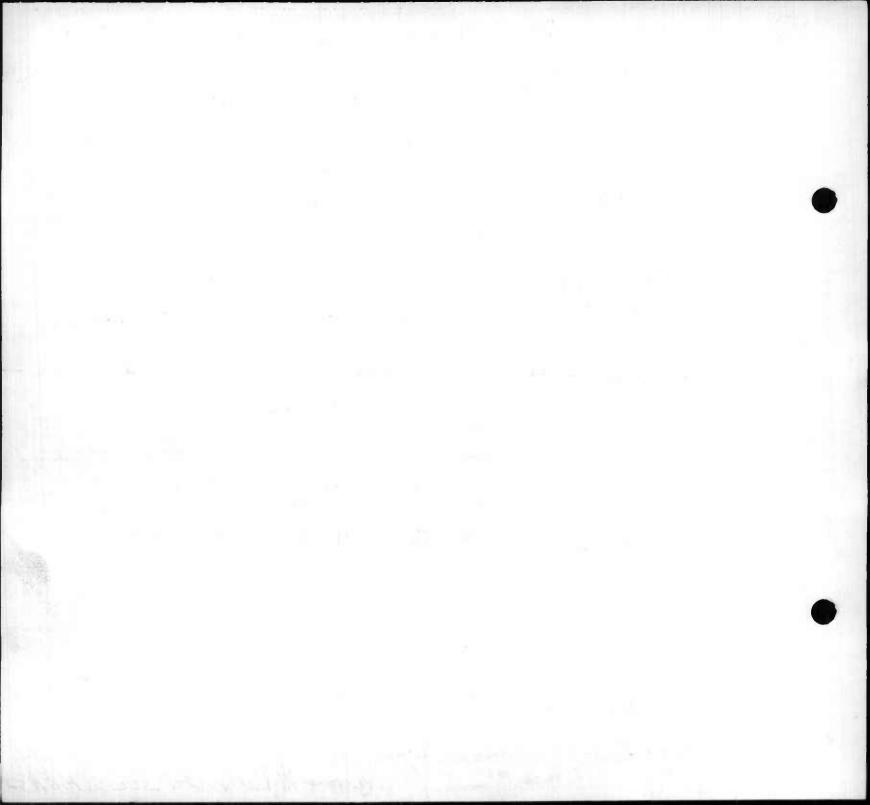
Leenast Malker 7 23 76-5 5301 St George Jux CM 3/3696 in Mejor 2501 Steene Mr. PAYMEND L'ALKED Edinishlistin 4.23,72

VS 151-REV. 3/1/68



VS 150-REV. 1/1/68

8:20 D. INSIDE CITY LIMITS? YES TO NOF If Under 1 Yr. If Under 24 Hrs. Months! Doys 12. CITIZEN OF WHAT COUNTRY? 1116 HNNERL APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH UGLVULAR DUEASTE 20B IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If In Boltimore City, give exact location) ond that In (my) (our) apinion death occurred on the date 23 B. DATE SIGNED town, or countyf (Stote)



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		BALTIMORE	CITY	HEALTH	DEPARTMENT
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	- with	5.4	TIGE
REG. N	10.	714	THAT

BIRTH NO. 72 04000	CERTIFICA	ATE OF DEATH REG. NO	12 (14000
1. NAME OF DECEASED (Typo or Print) Sarah	Thomas	4-24-72	750 N
3. PLACE IN BALTIMORE MARYLAND,	WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If	institution: residence belore admission)
HOSPITAL OR ADDRESS OR LOC		c. CITY OR TOWN BALTIMORE D. IN	SIDE CITY LIMITS? YES NO NO
THE JOHNS HOPKI	NS HOSPITAL	E. STREET AND NUMBER 319 MASON COURT	
5. SEX 6. RACE	7- MARRIED NEVER MARRIED WIDOWED DIVORCED	5-15-02 9. AGE (In years lost birthdoy) 69	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of we done during most of working life, even if retired,		UH KNOWN	12. CITIZEN OF WHAT COUNTR
UNKNOWN		14. MOTHER'S MAIDEN NAME	
15. Was Deceased Ever in U. S. Armed F (Yes, no or unknown! (If yes, give war or do	erces? 1 & SOCIAL 1 & SECURITY NO.	UNKNOWN 17. INFORMANT	ADDRESS
No	32COLIII NO.	Bessie Williams 3	08 MASON CT
ANTECEDENT CAUSE DISEASES OR CONDITIONS, if time to the above cause (A UNDERLYING CONDITION lest. OTHER SIGNIFICANT CONDITIONS COND	ONTRIBUTING THE TERMINAL ART 1 (A).	s A consequence of: Lum call sarcon	2 Dayse 1 year
None	None	20A AUTOPSTR (Vos or No.) 20B. IF YES, WER IN CERTIFYING C	E FINDINGS CONSIDERED
OR CONTRIBUTINO CAUSE OF DEATH (notify medical examined	218 FLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or about 2VC, WHERE DID (If in Boltim office bidg, INJURY OCCUR?	ore City, give exoct location)
21D. TIME (Months (Doy) (Year (APPROX.)	While At Work At Work		
22. I certify that (I) (this hospit that (I) (we) lost sow the decea	1 - 1 00	19 72 and that In(my) (our) o	pinion death occurred on the do
	ated above. (1) (We) (did) (did not)	· · · · · · · · · · · · · · · · · · ·	printent dearn occurred on the do
W. Michael	238 DATE SIGNED 4/24/72		
	ucker MD DEGRE	Box & 3 Johns Hopkin	
Burial CREMATION, 248. DATE Burial Specify 4/29	172 Mit-CALVARY	Cemetary HIME 17 hunds	
25A. APR 27 1972 THE DEPT.	St. Valory, ALS	WALLIAMS JESDICE	1639 N. Broadwa
VS 150-REV. 1/1/68			

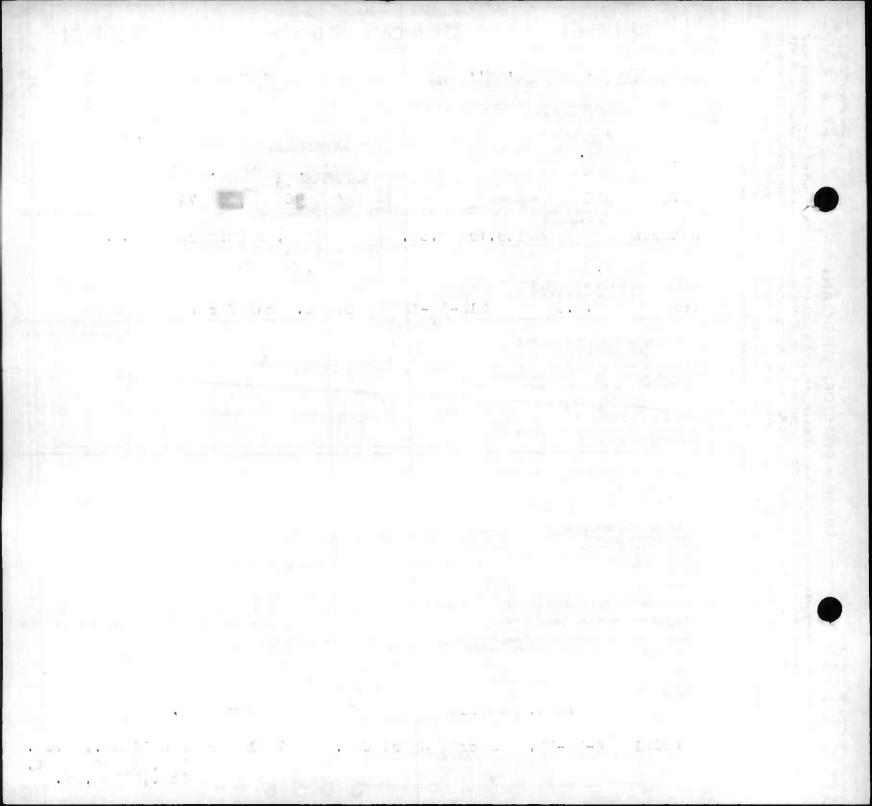
Peral Meses Service Total Serv

YES

Burnets 4/29/72 Mt. Columny William Frenday Co. No.

This certificate must be approved by the chief medical examiner or his assistant if death accurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death, Such written approved must be obtained before the remains are embalmed or final disposition is made.

<	211-0			BALTIMORE CITY	HEALTH DEPARTMENT		
-	7 60	2 04061		CERTIFICA	TE OF DEATH	REG. NO.	79 04004
1. N	H NO.	ASED				ND HOUR OF DEATH	1-01001
(Тур	e or Print)	haefer. Jos	anh .	н.,			1 1.50 0/ "
3, 1	LACE IN BALTI	MORE, MARYLAND, W	HERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (Wh.	ere deceased lived. If ins	titution: residence before admission)
FUI	L NAME OF	IIF NOT IN HOSPIT	AL OR INS	STITUTION, GIVE STREET	Maryland		2609
HO	SPITAL OR	ADDRESS OR LOCA	ATIONI	STITUTION, GIVE STREET	C. CITY OR TOWN	D. INSIE	DE CITY LIMITS?
	20	Mercy Hosp			Baltimore		YES NO
	3/	301 St. Pau	1 P1 :	21202	E. STREET AND NUMBER		
5. S	FY .0 16	RACE	(7		8. DATE OF BIRTHS 96	lis St. 21221	
	HHITE	MALE	1	ED NEVER MARRIED	11100	9. AGE (In years lost birthday)	Months Doys Hours Min.
			WIDOW	OF BUSINESS OR INDUSTRY	11/2/18/19	76	12. CITIZEN OF WHAT COUNTRY?
done	during most of we	orking life, even if retired)					
12.6	Retire		Balt	o.Trans.Co.	Maryland,		U.S.A
.50		aefer, John			14. MOTHER'S MAIDEN NA		
16 1					Warns, Josep	NITTHE .	
(Yes,		ver in U. S. Anned For If yes, give war or date	s of servic		17. INFORMANT		ADDRESS
	Yes	W.W.I		213-10-1360 CAUSE OF DEATI	Marie C. Sch		Same
ATION	DISEASES OR rise to the UNDERLYING OTHER SIGNIFIC TO THE DEATH DISEASE OR COI	CONDITIONS, if above cause (A) CONDITION last. ANT CONDITION S COID BUT NOT RELATED TO THE NOTION OF SELECTION OF SELECTI	Stating ! NTRIBUTIN TE TERMINA	(B) DUE 10, OR AS (C)	A CONSEQUENCE OF: A CONSEQUENCE OF: The state of the st		
RTIFIC	0	WAS PERI	ORMED	R WHICH OPERATION	20 A. AUTOPSY? (Yes or N	IN CERTIFYING CAU	NDINGS CONSIDERED SES OF DEATH?
1	21A ACCIDENT OR CONTRIBUTE DEATH (notify to	WAS UNDERLYING CAUSE OF		218.PLACE OF INJURY le.g., in home, form, foctory, street, of etc.)	or about 21 C. WHERE DID	(If In Boltimore	City, give exact location)
3	OF INJURY	Month) (Day) (Year)		While At At Work	21F. HOW DID IN.	JURY OCCUR?	
22. I certify that (i) (this hospital) attended the deceased from 4/25 19 72 and that In (my) (our apinion death occurred an the date and hour and fram the causes stated above. (i) (We) (did) (did not) view the body ofter death. 23A. SIGNATURE							4/25 19
							23B, DATE SIGNED
1	PHYSICIAN NAME (Typ	S e)			3D. ADDRESS		
		KENNETH	R. WI	ARNICK DEGREE	Me	ercy Hosp.	
24A.	REMOVAL ISP	ATION, 248, DATE	24C	NAME of CEMETERY of CRE			, town, or county) (State)
	Buria	.	2.	Sacred Heart	Cem. 740	ll German F	Hill Rd., Ba.Co.M
25A.		Y HEALTH DEPT.		E OF REGISTRAR	25C. FUNERAL DIRECTO	9.4 901 9	CONPOSTA
			-0	7000	Charlen A.	ever Balto	. Conkiing St.
VS 1	50-REV. 1/1/68		7	man to	3 1 3 7		

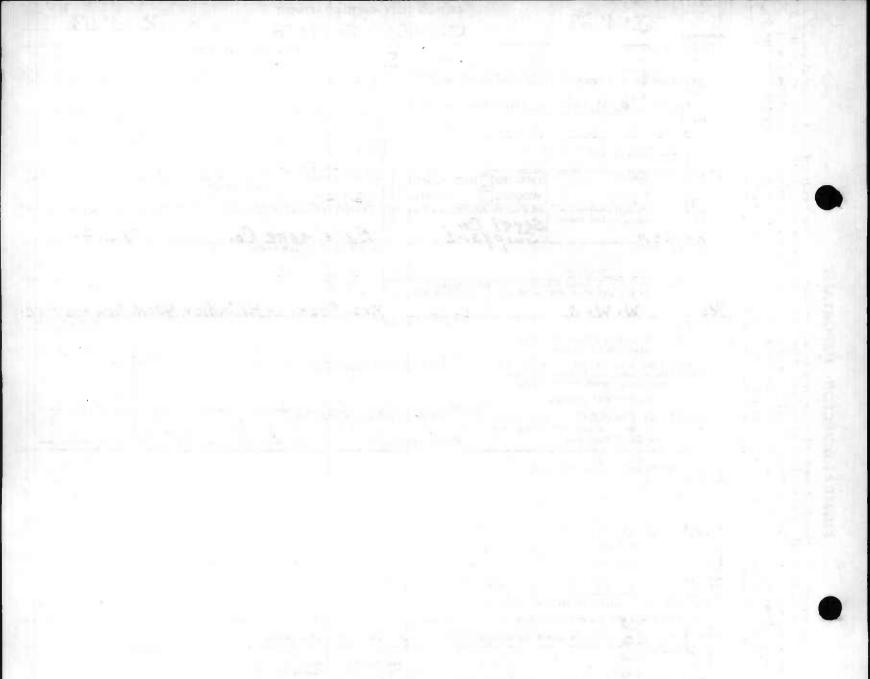


MEDICAL	EVAMINED'S CERTIFICATE OF DE	A 7

F236	BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. 72	4062						
	1. NAME OF DECEASED (Type or Print) 2. DATE Known Month Doy Year	Hour						
	William Foster, In DEATH Estimated 4 25 /2	M.						
	4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 3. DATE Month Doy Year FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION GIVE STREET) PRONOUNCED DEAD	Haur						
	HOSPITAL ADDRESS OR LOCATION) 4 25 72	9:40 a.						
	A. STATE Md. State Molfe St.	fore odmission)						
	6. SEX 7. RACE Married Never Married C. CITY OR TOWN Negro D. INSIDE CITY LIMITS?							
	WIDOWED LI DIVORCED LI BALLO. YES N	10 🗆						
	9. DATE OF BIRTH 10.AGE (In years last birthday) If Under 1 Yr. If Under 24 Hrs. E. STREET AND NUMBER Months, Days, Haurs, Min.							
	11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF 13. FATHER'S NAME							
	WHAT COUNTRY?							
	14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME							
	done during mast of warking life, even it relired)							
	16. WAS DECEASED EVER IN U.S. ARMED FORCES? 117. SOCIAL 18. INFORMANT ADDRESS							
MAN TO ANY	(Yes, no or unknown) (it yes, give war or doles af service) SECURITY NO.	1.0						
	19. CAUSE OF DEATH	OXIMATE INTERVAL						
	DISEASE OR CONDITION DIRECTLY Arteriosclerotic cardiovascular disease	EN ONSET AND DEATH						
	LEADING TO DEATH							
	(This does not mean the made of dying, e.g., heart latture, asthenio, etc., it means the disease, injury ar camplication which caused death.)							
	Injury ar camplication which caused death.)							
	ANTECEDENT CAUSES (8)							
A SECTION OF	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE							
	UNDERLYING CONDITION LAST.							
E ET OF THE STREET								
Value 5X	CC) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOPS							
	20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21.							
	22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 22B. PLACE OF INJURY (e.g., in or about 22C. WHERE DID (II in Baltimore City, give exact location) home, form, factory, street, office bldg., etc.) INJURY OCCUR?							
	22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED 22F. HOW DID INJURY OCCUR?							
	(APPROX.) WHILE AT NOT WHILE AT WORK							
2 40 5550	23.							
	I certify that I held an Inquiry Inspection Autopsy and that on this basis, death in my apinion							
	resulted fram: Natural causes XX Accident Sulcide Homicide Undetermined monner							
All the state of the	ACTUAL LILLA CHIEF MEDICAL EXAMINER D	ATE SIGNED						
	SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER	4/25/72						
	EXAMINER'S Werner U. Spitz, M.D. ASSOCIATE MEDICAL EXAMINER Deputy Chief Medical Examiner	4/23/12						
	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMPTERY or CREMATORY 24D LOCATION (Ch. town or CREMATORY)	(State)						
	REMOVAL (Specify)							
	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ANDRESS)						
	APR 27 1972 Poble E. Faller MD. Roudelaho Parlick 24215 Ol	. 0.						
	VS 151-REV. 3/1/68	ver st.						
	1 4 / 2 0 1 3 0 0 0 7	L						

MANUAL YEAR IN THE and an inval LANDER ALSO LINEA (CLEMES STANKE THE WAY I Lucy and a least of the selection of t Name of the Street And Street Street, and the Street Stree

BALT	IMORE CITY HEALTH DEPARTMENT
72 04063 CER	TIFICATE OF DEATH REG. NO. 72 04063
I NAME OF DECEMEN	2 DATE AND HOUR OF DEATH
(Type or Print) LINGSLY, Jan	1es E. 23 April, 1972, 840 A.
3. PLACE IN BALTIMORE, MARTLAND, WHERE PRONOUNCED DEA	D 4. USUAL RESIDENCE (Where deceased lived, II institution; residence before admission
	843
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE HOSPITAL OR ADDRESS OR LOCATION)	STREET MARYLAND C. CITY OR TOWN D. INSIDE CITY LIMITS?
THE JOHNS HOPKINS HOSPITAL	BALTIMORE YES NO
BALTIMORE, MD 21205	E. STREET AND NUMBER
BALILIPORE, PID 21203	1430 N. ELLWOOD AVE
5. SEX 6. RACE 7. MARRIED X NEVER A	Appren 8. DATE OF BIRTH 19. AGE in years II Under 1 Yr II Under 24 Hr
MALE NEGRO WIDOWED DIV	
done during most of working life, even if refired) Scee/ Co.	
Welden Shipyand	BaltiMore Co. 7, S.A.
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
CLAGETT LINDSEY	MARIE LEWIS
5. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT ADDRESS
(Yes, no or unknown! (If yes, give war or dates of service) SECURI	
Yes W. W. 2. 215-16	E OF DEATH
701.0	BETWEEN ONSET AND DEAT
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Intracer Coral Hemorrhase 4 days
(A)W	MEDIATE CAUSE INTRACES EN A TEMPORTIASE 4 days UE TO, OR AS A CONSEQUENCE OF:
heart failure, esthenia, etc. It means the disease, injury or complication which caused death.)	DE 10, ON AS A CONSERVENCE OF:
ANTECEDENT CAUSES	hirentension
(8)	1190010-11-01
DISEASES OR CONDITIONS, If any, giving rise to the above cause (A) stating the	WE TO, OR ASIA CONSEQUENCE OF
UNDERLYING CONDITION lost, (C)_	AmyTrophic Latery 30100313 2903
A December 1	Q and a second
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 1974-DATE OF OPERATION 1974-CONDITION FOR WHICH OFE WAS PERFORMED 214-ACCIDENT WAS UNDERLYING 1 215-PLACE OF	IN CERTIFYING CAUSES OF DEATH?
E None Was retrokned No.	re No
OR CONTRIBUTING CAUSE OF	NJURY (e.g., in or about 21 C. WHERE DID (II in Boltimore City, give exact location) ory, street, office bidg., INJURY OCCUR?
DEATH Inolly medical examined None etc.)	None
Q 210. TIME (Month) (Day) (Year) (Hour 21E INJURY OC	
	Not While
1001/C Work L	At Work
22. I certify that (I) (this hospital) attended the deceose	
that (I) (we) lost saw the deceased alive on	April 19 17 ond that in (my) (our) opinion death occurred on the de
ond hour and from the couses stated above (1) (We) (did	(did not) view the body ofter deuth.
23A. SIGNATURE	23R DATE SIGNED
XICIALLET MD	Affending Med. Stoff Phys. 28 April 1972
23C. PHYSICIANS NAME I TYPE	230. ADDRESS
NAME ITYSOIT A GOLFOND MS	tohne Hotine Hospital
	DEGREE!
REMOVAL (Specify)	State) (State)
BURIAL 4-28-72 PRBUTUSA	
	DEMORIAL PARK ARBUTUS, MARYLAND
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRA	R 25C. FUNERAL DIRECTOR ADDRESS
APR 27 1972 Joseph E. Valory A	REMORIAL PARK ARBUTUS, MARYLAND 25G. FUNERAL DIRECTOR Randolph D. Coollick 2431 E. Oliver St.



- M-28-7a, Statementallemontal State of the Statement of

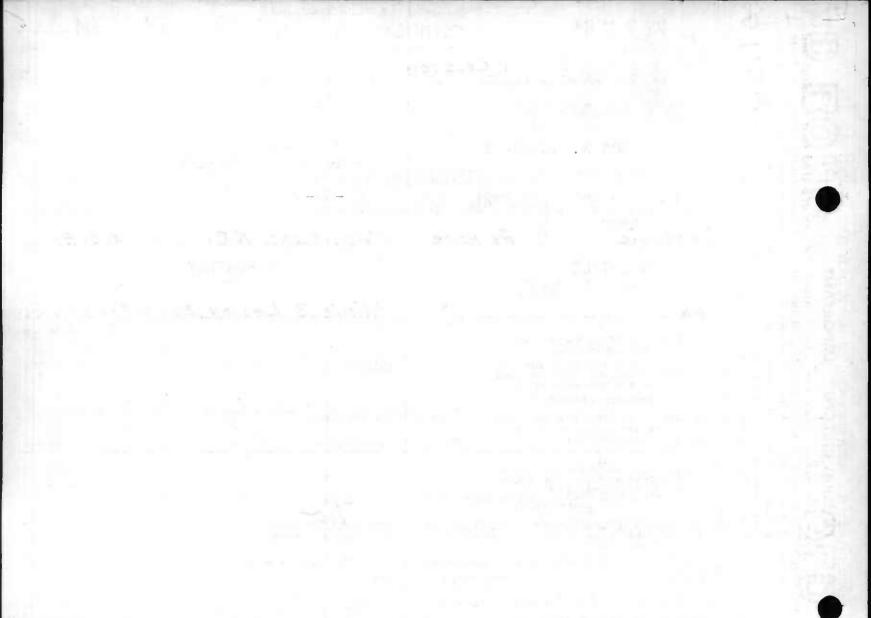
VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

01001

DEC	NO	779	OA	DOA
REG.		15	110	1 1 1

BIRTH NO.	U4U04		CERTIFICA	TE OF DEATH	REG. NO	18 1191199
I. NAME OF DECE				2. DATE	AND HOUR OF DEATH	1,20 0
(Type or Print)	NEZZIE	RORIE	COLSTON	4/2	1/72 /	DE P
3. PLACE IN BALT	MORE MARYLAND, W	HERE PRONOL	JNCED DEAD	4. USUAL RESIDENCE (W.	here deceased lived. If	institution: residence before admiss
FULL NAME OF HOSPITAL OR	(IF NOT IN HOSPIT	AL OR INSTITU	JTION. GIVE STREET	MARYLAND		804
INSTITUTION	JOHNS HOP	DKING L	INCUITAL	BALT IMORE	D. IN	ISIDE CITY LIMITS?
22	601 N. BI			E. STREET AND NUMBER		YES NO
	OUT IN. DI	NUADWA		2118 HOFFM		
5. SEX	6. RACE	7. 44 4 Dates		8. DATE OF BIRTH		
FEMALE	NEGRO	WIDOWED	NEVER MARRIED DIVORCED	03-09-05	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Months Doys Hours Mir
IOA, USUAL OCCU				11. BIRTHPLACE (Stole or to		12. CITIZEN OF WHAT COUN
done during most of w	orking life, even if retired)				oreign country	
Domesy		At	Home	WadesBORD	N.C.	U.S.A.
13. FATHER'S NAM				14. MOTHER'S MAIDEN N		
JOHN	LITTLE			MINNIE	HUNTLEY	
5. Was Deceased (Yes, no or unknown)	ever in U.S. Armed For off yes, give wor or dote	cos?	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No			?	Willie B. L	ANSAN 139	34 N. CHESTERS
18.	2.41		CAUSE OF DEAT	1	770301 793	APPROXIMATE INTERV
	OR CONDITION DI	RECTLY	47	1.1.	. 11	BETWEEN ONSET AND DE
	EADING TO DEATH		(A)IMMEDIATE CAU	SE Cardlo qu	ence Sho	ce /
heart failure, a	t mean the mode of sthenia, etc. II means	the disease.	DUE TO, OR AS	A CONSEQUENCE OF:	***********	***************************************
	lication which caused			1 1		1
A	NTECEDENT CAUSES		a Class	Ito Sulmi	maly oc	lens /
DISEASES OF	CONDITIONS, If	any, giving	DUE TO, OR AS	A CONSEQUENCE OF:	AO A	
rise to the	above cause (A)	stating the	A1	dVカ	8	
UNDERLING	CONDITION last		(C)			***************************************
Z	II .	. Imministration				
E ITO THE DEATH	CANTICONDITIONS CO BUT NOT RELATED TO THE	HE TERMINIAL				
U ISA. DATE OF	NDITION GIVEN IN PAR	T1 (A).	HICH OPERATION	20A. AUTOPSY? (Yes or	NAIL 208 IE VES WERE	FINDINGS CONSIDERED
21A ACCIDENT	OPERATION 198 CON WAS PERI	FORMED	THICH OTERATION	Ma	IN CERTIFYING C	AUSES OF DEATH?
D 21A ACCIDENT	WAS UNDERLYING	1 218.	PLACE OF INJURY (e.g., i	or about 21C- WHERE DID	(If In Rollims	ore City, give exact location)
OR CONTRIBUT	WAS UNDERLYING CAUSE OF	home	s, farm, foctory, street, of	or obout 21C. WHERE DID	hi in somm	ore City, give exect location;
U						
S OF INJURY	Month! (Doy) (Year)		INJURY OCCURRED Not White	21 F. HOW DID II	NIURY OCCUR?	
(APPROXI		Work	Not While			/
22. I certify t	hat (I) (this hospital) attended th	e deceased from	4/2/12	19 to	4/2/ 10 /
	ast saw the decease		11-11-	2 19 and	that In(mu) (num) an	Inlan death accurred on the
			. //		•	ninian again accurred on the i
23A. SIGNATUR		ed above.	(Ne) (dld) (did not) v	lew the body after death	le .	
The state states						
parnes	Market	n XIR	DEGREE Phys	Director L	Shoff Phys	1,4/2//72
23C. PHYSICIAN NAME (Typ	rs ne) //.	_		3D. ADDRESS	Lankin CI	Horpital/
Tomes	Franklini	Frim	MD	Juhns /	opening !	103/1101
24A. BURIAL CREM	ATION, 248 DATE	24C. NA	ME of CEMETERY OF CRE	MATORY 24D.	LOCATION (C	Cily, town, or county) (State
REMOVAL (Sp	ecily!		1		,	
EJUY/3/	HEALTH DEPT.	72/3/3	LTIMORECE	mereny 3	BLTIMORE	Mdi
	R 2 7 1972	200.	Jaber M.D.	D / 1 /1	080 111	A montess
WE 150 051 144		MALIA Com	Harber R.B.	rand alow	J. Ceolleck	24-31 6. Query
S 150-REV. 1/1/68			40 cm 12 cm	1 13 13 12	2	



(4) Undetermined cause; (5) or contributing cause occurred in regular death MOS the direct or his assistant if IMPORTANT death kind; A fracture of any physician who pronounced the chief medical examiner examiner. FUNERAL DIRECTOR: 3 medical burns; any nature; (2) Body (except where the 8 by the body was released to the hospital ° 9 approved

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An accident

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MEDICAL

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attendance

hospital

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BALTIMORE CITY HEALTH DEPARTMENT 72 04065 CERTIFICATE OF DEATH Such BIRTH NO. I, NAME OF DECEASED 2. DATE AND HOUR OF DEATH JOHN KIRKLAND (Type or Print) death. 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD USUAL RESIDENCE (Where deceased lived, II institution: residence before admission) MARYLANDCOUNTY FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C. CITY OR TOWN D. INSIDE CITY LIMITS? 0 BALTIMORE YES NO JOHNS HOPKINS HOSPITAL prior E. STREET AND NUMBER 1733 E. FEDERAL ST. is mad 9. AGE IIn years 5. SEX 6. RACE If Under 1 Ya II Under 24 Hrs. MARRIED NEVER MARRIED deceased Hours 9-18-04 MALE NEGRO WIDOWED DIVORCED 10A, USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE ISlate or foreign country) 12. CITIZEN OF WHAT COUNTRY? or final disposition done during most of working life, even if retired) Meat Co 4. MOTHER'S MAIDEN NAME the 13. FATHER'S NAME JOHN KIRKLAND ELLIE WHITE 0 15. Was Deceased Ever le U. S. Armed Forces? (Yes,no or unknown) (If yes, give war or dates of service) 7. INFORMANT ADDRESS 6. SOCIAL SECURITY NO. physician was in regular attendance MAS IPENE KIPKLAND 1733 E. FEDERA CAUSE OF DEATH APPROXIMATE INTERVAL note: BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES are DUE TO, OR AS A CONSEQUENCE OF DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the the remains

UNDERLYING CONDITION lost OTHER SIGNIFICANT CONDITIONS CONTRIBUTING

CERTIFICATION TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 7 (A). 20A. AUTOPSYZ (Yes of No) 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A-DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION WAS PERFORMED

218. PLACE OF INJURY In.g., in or about 21C. WHERE DID home, farm, factory, street, office bldg., INJURY OCCURY etc.) 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (II in Boltimore City, give exact location) DEATH (notify medical examined (Month) (Doy) (Year) (Houd 21E INJURY OCCURRED 21f. HOW DID INJURY OCCUR? Not While OF INJURY While At (APPROX)

22. I certify that (I) (this hospital) attended the deceased from and that in(my) (our) apinion death accurred on the date that (1) (we) last saw the deceased alive an

At Work

and haur and from the caus	es stated abave,	(I) (Me) (qlq) (ql	id not) view the ba	dy after death.
23A KIGNATURE /				

Work

238, DATE SIGNED Phys. Director

28C. PHYSICIAN'S NAME (Type) 23D. ADDRESS Johns

James F MINKIIN

24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county)

V\$ 150-REV. 1/1/68

(Stote)

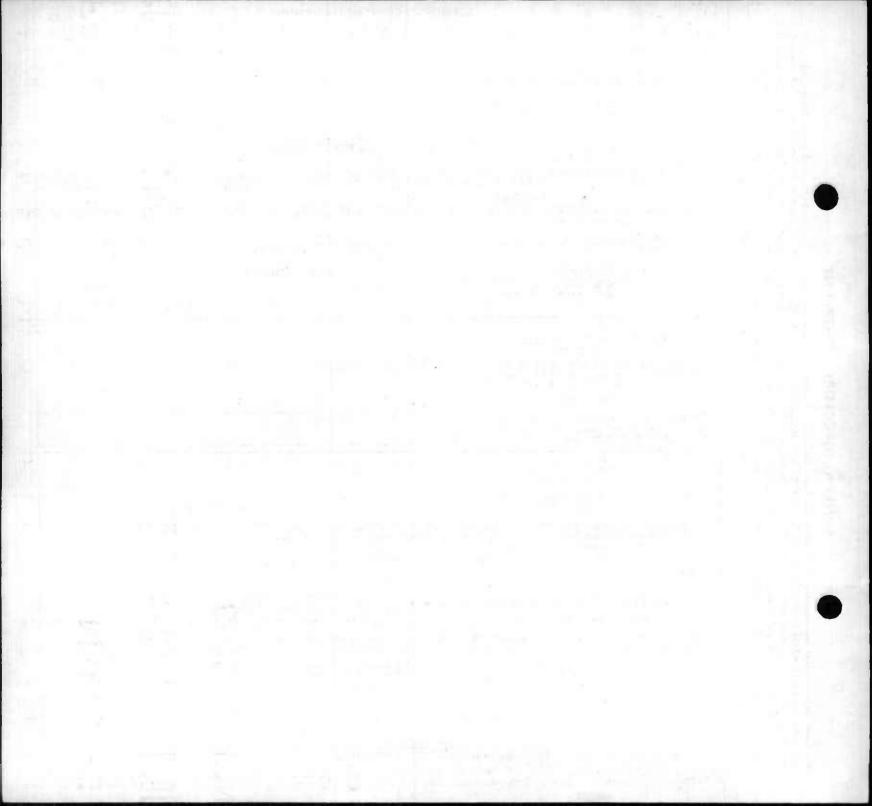
a control to administration to self-

STIRL SING SUREXLAND

The transfer of the state of th

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

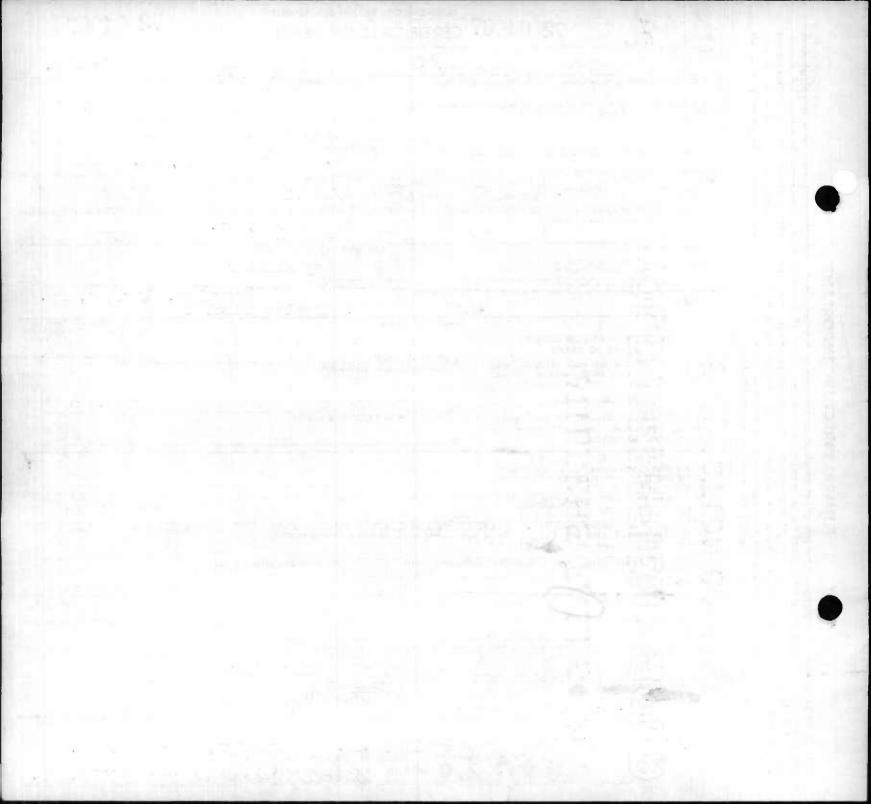
A BALTIMORE CIT	Y HEALTH DEPARTMENT
BIRTH NO. 72 04066 CERTIFICA	ATE OF DEATH REG. NO. 72 64666
(Type or Print) WO (0 c 0 c 0 c 4 H)	2. DATE AND/HOUR OF DEATH
3. PLACE IN BALTIMORE MANTLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE 8. COUNTY
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION	c. City or jown D. Inside City Limits?
Mangland Ceneral Hospital	E. STREET AND NUMBER 43/4 Feidel Ave 21206
5. SEX 6. RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 9. AGE (In years II Under 1 Yr. II Under 24 Hrs. Manths Days Haurs Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRI done during most of working life, even if refired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
housewife	Germany
13. FATHER'S NAME	Germany Germany
Wilhelm Heinrich	unobtainable
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
no seconii no.	Dieter Neumann, 4314 Seiffel Avenue 21206
DISEASE OR CONDITION DIRECTLY	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
LEADING TO DEATH	use EGram Negative Sepsis
i near ibilitie, asinenia, etc. it means me disease.	A CONSEQUENCE OF:
Injury or complication which caused death.)	to all alaborers
ANTECEDENT CAUSES	A CONSEQUENCE OF:
DISEASES OR CONDITIONS, if any, giving isse to the above cause (A) stating the UNDERLYING CONDITION last.	A CONSEQUENCE OF:
7 11	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IAI. 1994. DATE OF OPERATION 1995. CONDITION FOR WHICH OPERATION WAS PERFORMED 1218. PLACE OF INJURY (C.S.)	tlete.
198 CONDITION FOR WHICH OPERATION WAS PERFORMED	20 A. AUTOPSY? (Yes at No.) 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF home, form, foctory, sheet, or DEATH facility medical examines	in or about 21 C. WHERE DID ffice bldg. INJURY OCCUR? (If in Baltimare City, give exact location)
21D.TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED While At Work At Work	21F. HOW DID INJURY OCCUR?
22. I certify that (I) (this hospital) attended the deceased from	3/16 1972 10 4/23 1972
that (1) (we) lost sow the deceased alive on 4/2-3	19 72 and that In(my) (our) opinion death accurred on the date
and hour and from the causes stated abave. (1) (We) (dld) (dld not)	
Pho	ending Med. Stoff Phys. 23 DATE SIGNED 123B. DATE SIGNED 123 / 23 / 22
23C. PHYSICIAN'S NAME (Type) A (Vernon M)	23D. ADDRESS And Caneral Harrital
24A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY OF CR	EMATORY 24D. LOCATION (City, town, or caunty) (State)
burial 25 Apr 72 Most Holy Redeem	ner Cemetery Baltimore, Md. 21206
25A. DATE REC'D BY HEALTH, DEPT. 25E HAMD PREGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
PR 2 6 512 Usada 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	Mlrich Funeral Home, Balto., Md. 21206



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before, the remains are embalmed or final disposition is made.

B-654 1 .72 A	4000	HEALTH DEPARTMENT	72 04067						
INAME OF DECEASED	CERTIFICA	ATE OF DEATH REG. NO. 12 UTUD							
(Type or Print)	61. 1 n ' 1	2. DATE AND HOUR OF DEATH	7:45 p.						
BROWNLEE 3. PLACE IN BALTIMORE, MARYLAND, WHERE I	Chad David	4/20/72 4. USUAL RESIDENCE IWhere deceased lived. If in	± 8A						
RESIDENCE OF THE PROPERTY OF THE PARTY OF TH		A. STATE & COUNTY	de la company de						
FULL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCATION)	INSTITUTION, GIVE STREET	GARREE 6/00							
INSTITUTION			IDE CITY LIMITS?						
The Johns Hopkins Ho	anital	Grantsville E. STREET AND NUMBER	YES NO NO						
	ospital 	RT. #1 Grantsville,	Md. 21536						
Male Cauc. Wind	RRIED NEVER MARRIED X	8. DATE OF BIRTH 9. AGE Un years lest birthday)	Menths Doys Hours Min.						
10A. USUAL OCCUPATION (Give kind of work 10B, K) done during most of working life, even if retired)	ND OF BUSINESS OR INDUSTRY		12 CITIZEN OF WHAT COUNTRY?						
NONE	NONE	Meyersdale, Pa. Hospital	USA						
13. FATHER'S NAME	1101111	14. MOTHER'S MAIDEN NAME	UDA						
Charles Brownlee		Gay Killius							
15. Was Deceased Ever in U. S. Armed Farces? (Yes, na ar unknown) (II yas, give war or dates of se	vice) 1 6. SOCIAL	17. INFORMANT	ADDRESS						
NO	NONE	Mr. Charles KKKKKK	Springs, Pa.						
18,7 4. 6.16	CAUSE OF DEATH		APPROXIMATE INTERVAL						
DISEASE OR CONDITION DIRECTLY	BETYEE'N ONSET AND DEATH								
	LEADING TO DEATH								
heart failure, asthenia, etc. If means the di	IThis does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF:								
Injury or complication which caused death.	. 1 11	() (1)							
ANTECEDENT CAUSES	10)	cupid Afresia	Joven birth						
DISEASES OR CONDITIONS, if any, rise to the above cause (A) stating UNDERLYING CONDITION last.		A CONSEQUENCE OF:							

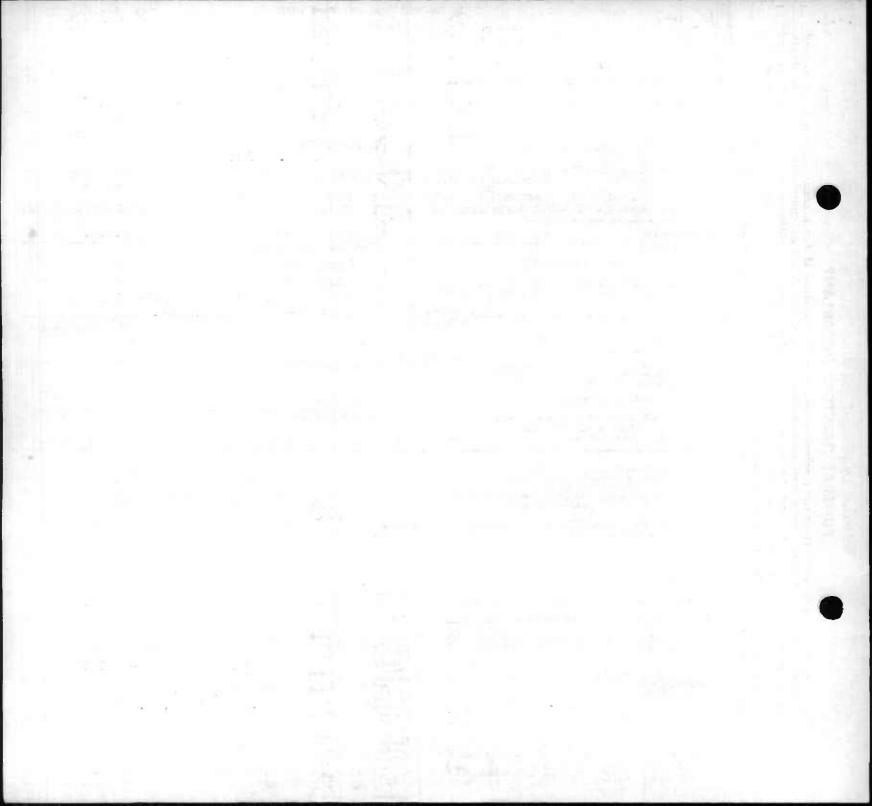
OTHER SIGNIFICANT CONDITIONS CONTRIBU	TING MAL	abolic Acidoric							
TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A).									
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19R. CONDITION WAS PERFORMED WAS PERFORMED TO CO.	1 1/1	I IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH? NO						
U 21A. ACCIDENT WAS UNDERLYING	1218 PLACE OF INJURY (e.g., in	or ghout 21 C. WHERE DID							
OR CONTRIBUTING CAUSE OF DEATH (notify medical examined)	home, farm, lactory, street, affetc.)	ice bldg. INJURY OCCUR?	e City, give exact location)						
21 D. TIME (Manth) (Day) (Year) (Hour		21F. HOW DID INJURY OCCUR?							
2 (APPROX)	While At Not While								
22. I certify that (I) (this hospital) atten	ded the deceased from 4	1/8 10)2 00 4	1/20 10 73						
that (1) (we) lost saw the deceased alive		19 2 ond that In(my) (our) opl	plan dooth answerd on the June						
and hour and from the causes stated abo		one that inemy/ (out/ opi	nion deorn occurred on the date						
23Å, SIGNATURE	ves (1) (me) (did) (did not) Vi	ew the body offer death.	238, DATE SIGNED						
men of I	Atter	nding Med. Stoff	1// a c / a c						
23C,PHYSICIAN'S	DEGREE Phys.	Adding Med. Stoff Phys. 33D. ADDRESS	7/24/2						
23C.PHYSICIAN'S NAME Trippe	2 1.01								
DEEGORY 5, 10	DEGREE	37 4101 1301 1131							
24A. BURIAL CREMATION, 24B. DATE 22	4C. NAME of CEMETERY OF CRE	MATORY 24D. LOCATION ICI	ly, town, or county) (Statel						
Burial 4/24/72	Lower Springs	Cem. Springs. Som	erset. Pa						
25A. DATE REC'D BY HEALTH DEPT. 25B, N	AME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS						
APRZ UIZ	ES MAU DO	Karke Teuman Gr	antsville, Md.						
VS 150-REV. 1/1/68	*	/ / /							



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D-A						1	

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This corrificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased IMPORTANT Examiner FUNERAL DIRECTOR: certificate must be approved by the chief medical examiner Medical Released by

V,	h		BALTIMORE CIT	Y HEALTH DEPARTMEN		72 04068				
BIRTH NO.	72	0406	G CERTIFICA	TE OF DEAT	H REG. NO	14 04100				
NAME OF DE	CEASED KLEODS	Mai	tha B.	2. DAT	E AND HOUR OF DEATH	1 1 21 4.				
L PLACE IN BA	LTIMORE MARYLAND, V	1		14. USUAL RESIDENCE	(Where deceased lived, II	institution residence before admission)				
FULL NAME OF			JTION, GIVE STREET	Maryland	Baltimo	ore 5.52				
NOTUTITEN				C. CITY OR TOWN D. INSIDE CITY LIMITS?						
21	Baltimore Cit		cais	Colgate	CD	YES NO				
31	4940 Eastern Baltimore, Mar		1224		Point Road	21224				
SEX	6. RACE		NEVER MARRIED	8. DATE OF BIRTH	9. AGE (in years lost birthday)	If Under 1 Ys. If Under 24 Hrs. Months Doys Hours Min.				
Female	Caucasian	WIDOWED	DIVORCED T	11 July 1894	77					
	CUPATION (Give kind of world in working life, even if refired)			11. BIRTHPLACE (State o		12. CITIZEN OF WHAT COUNTRY				
housewi				Pennsylvan	ia	U.S.A.				
3. FATHER'S NA	ME			14. MOTHER'S MAIDEN	NAME					
	George Camp	bell		Sarah Wat	son					
Was Decease	d Ever in U. S. Armed Fo	ces?	6 SOCIAL	17. INFORMANT		ADDRESS				
no or unknow	nillif yes, give war or dat	se of equical	SECURITY NO. 218-44-3912	Mabel Allen, Records: BCH-	800 Old North	Point Rd. 21224				
18.4	0,91		CAUSE OF DEAT			APPROXIMATE INTERVAL				
DISEA	SE OR CONDITION D	RECTLY		n 1 m	7	2 runs				
(This door	LEADING TO DEATH	dulas as	(A) IMMEDIATE CA	USE But. MI	•	a run				
heart failure	, asthenia, etc. it means	the disease.	DUE TO, OR AS	S A CONSEQUENCE OF:						
injuty of Co	mplication which caused		0.			5 445				
	ANTECEDENT CAUSES		(B) 12cls	I CUA 975						
DISEASES	OR CONDITIONS, IF	any, giving	DUE TO, OR A	A CONSEQUENCE OF:						
UNDERLYIN	he above cause (A)	stating me	(c)							
E I TO THE DEA	IFICANT CONDITIONS CO ATH BUT NOT RELATED TO 1	HE TERMINAL								
DISEASE OR	CONDITION GIVEN IN PAI P OPERATION 1198 CON	(T [(A).	VHICH OPERATION	20A-AUTOPSY? (Yes	or Noll 208, IF YES, WERE	FINDINGS CONSIDERED				
19A-DATE O	WAS PE	FORMED	VIII O' LIA IION	NO	IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?				
OR CONTRI	ENT WAS UNDERLYING DELIVING CAUSE OF by medical examined	218, hometc.	PLACE OF INJURY (e.g., e, farm, factory, street,	in or about 21 C. WHERE D	ID (If In Baltime	ore City, give exoct location)				
21D. TIME	(Month) (Day) (Year)	(Hous) 21E	INJURY OCCURRED	215 HOW DIS	INJURY OCCUR?					
OF INJURY		Whi	le At I Not Whi	llo 🖂						
		Wor		4.						
22. I certif	y that (1) (this hospita	1) attended t	ne deceased from	4/ 22		19				
that (1) (we	Diast saw the deceas	ed alive an_	4/22	19or	nd that lar (my) (our) of	pinian death accurred on the dat				
and hour a	nd from the causes sta	ted above (I	(We) (did) (did not)	view the body after de						
23A. SIGNAT		1	7			23B, DATE SIGNED				
Me	chaef W.	+02	AH Ph	ending Med.	Staff Phys.	4-22-1972				
23C. PHYSICI	ANS	1	DEGREE		more City Hos	nitale				
NAME	Michael W	Pozen			Ave., Baltimor					
4A. BURIAL CR			DEGREE			City, town, or county) 1State)				
		79 0-1-	Town Compter		5	min 113 07004				
buria.	25 Apr		Lawn Cemeter	25C. FUNERAL DIRE	baltimore Cou	nty, Md. 21224				
ON DATE REC		E Jad				undalk, Md. 21222				
APR		The Character	and the same	O ATTION A	THE CLE HOEE,	mucha, mu. RIRK				
VS 150-REV. 1/1	/68			_	196					



This cortificate must be

written approval must be obtained before the remains are embalmed or final disposition is made.

and

a hospital

1)				BALTIMORE CITY	HEALTH	DEPARTMENT						
	1-500 TH NO.	72	2 0	4069	CERTIFICA	TE O	The second second	REG. NO	72	04069			
	pe or Print)	2SIE	e E.	心智智) ,			HOUR OF DEATH	2 1	1:30 PM			
3, 1	PLACE IN BALTIM	ORE MARTLA	ND, WI	IERE PRONOL	UNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institutions residence before admission) A. STATE B. COUNTY							
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)						MARYLAND D. INSIDE CITY LIMITS?							
TYUNION MEMORIAL HOSP							BALT MORE YES NO NO 1202 Frailey Way						
5. \$	FEMALE 6.	EAGE Whit	E	MARRIED WIDOWED	NEVER MARRIED DIVORCED	8. DATE	OF, BIRTH, 9.	AGE (In years pet birthday)	If Unde Months	Days Hours Min.			
	usual occupa during most of work House	king life, even If r		IOB, KIND OF	BUSINESS OR INDUSTRY	11. BIRTI	HPLACE (State of foreign	n country)	12. CIT	U.S.A.			
13.	PATHER'S NAME					14 MOT	HER'S MAIDEN NAM	E ,					
	Sar	muel Cul	hent	son			L' Pi amanàa	Waklellow					
15,	Wes Deceased Ev.				1 6. SOCIAL	17. INFO		Heckler		ADDRESS			
(Yes	tono or unknown) (If NO	yes, give war	or dates	of servicel	218-48-1702	Mr	Arthur A. K	120		ley Way			
_	18.44 5/				CAUSE OF DEAT		At once A. I	Bal-	to. Md	21205			
	LE (This does not heart failure, ast Injury or compli-	thenia, etc. It	EATH ide of means caused	dying, e.g., the disease,	(A) IMMEDIATE CAU DUE TO, OR AS	ISE A CONSEI	77	TON EUMONI LAR ALL		***************************************			
	rise to the	DISEASES OR CONDITIONS, If any, giving DUE TO, OR AS A CONSEQUENCE OF: UNDERLYING CONDITION last. (C)											
NOUN	OTHER SIGNIFICATION THE DEATH IN DISEASE OR CON	ANT CONDITION BUT NOT RELATE	NS CON	ITRIBUTING	Deal	etes	mellet	tus		***************************************			
CERTIFICATION	19A-DATE OF O	PERATION 191	AS PERP	ORMED	WHICH OPERATION		NO NO	IN CERTIFING C	AUSES OF	CONSIDERED DEATH?			
	21A. ACCIDENT OR CONTRIBUTION DEATH (notify me	WAS UNDERLY NO CAUSE Codical examined	YING	218 hom etc.	PLACE OF INJURY (e.g., ine, farm, factory, sheet, of	n or about lice bldg	INJURY OCCURS	(if In Boltim	ore City, giv	re exect location)			
MEDICAL	21D. TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED OF INJURY (APPROX.) While At Not Work At Wo												
	22. I certify th	at (1) (this ho	spital	attended t	he deceosed from	4/	10/12 1	9to	41	23 19/2			
	that (I) (we) la	st saw the de	cease	d olive on_	4/23	19	ond the	t In(my) (our) o	inion dec	th accurred on the date			
	and hour and fo	rom the couse	s stat	ed obove. ((We) (did) (did not) v	lew the	body ofter deoth.						
	23A. 5IGN AT URE	de	de	Bu	DEGREE Phy		Director L. 1	Staff Phys.	23 B, DA	4/23/)2			
	23C. PHYSICIAN	a)	1 -		1 . 72 11	23 D. ADD	NE22		2	11 . 50 34/1			

CUID, 90 L E40K142 24A. SURIAL CREMATION, REMOVAL (Specify) Burial 24D. LOCATION (City, town, or county) 4-26-72 Baltimore Cemetery Baltimore.

John

E 25 S NAME OF LEGISTRAN 25A. DATE LEC'D

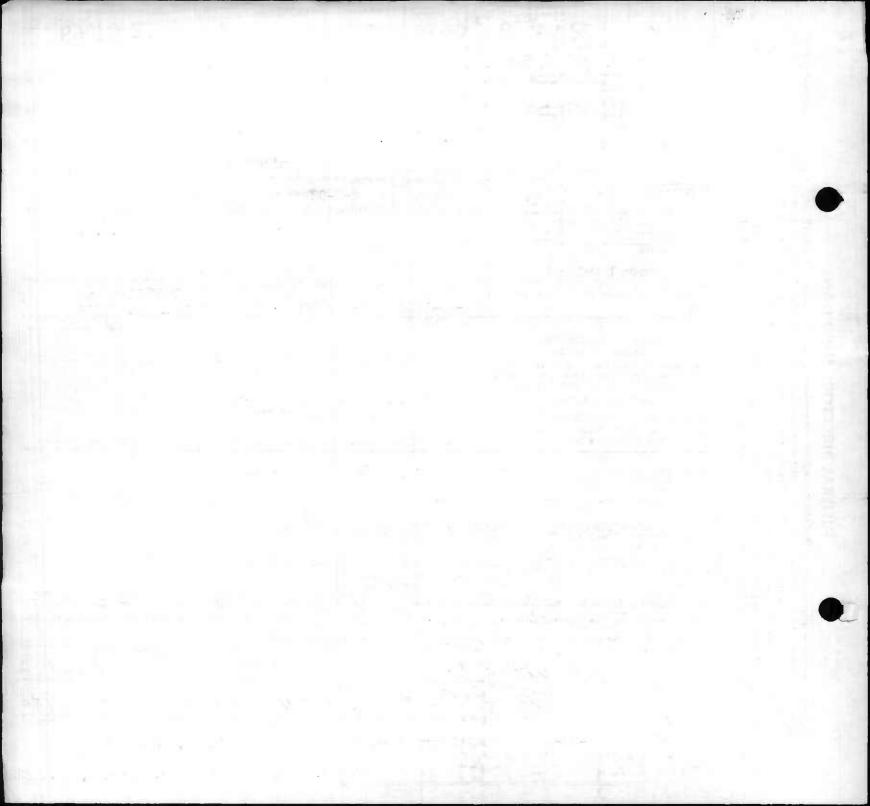
25C. FUNERAL DIRECTOR

Maryland ADDRESS

Md.21222

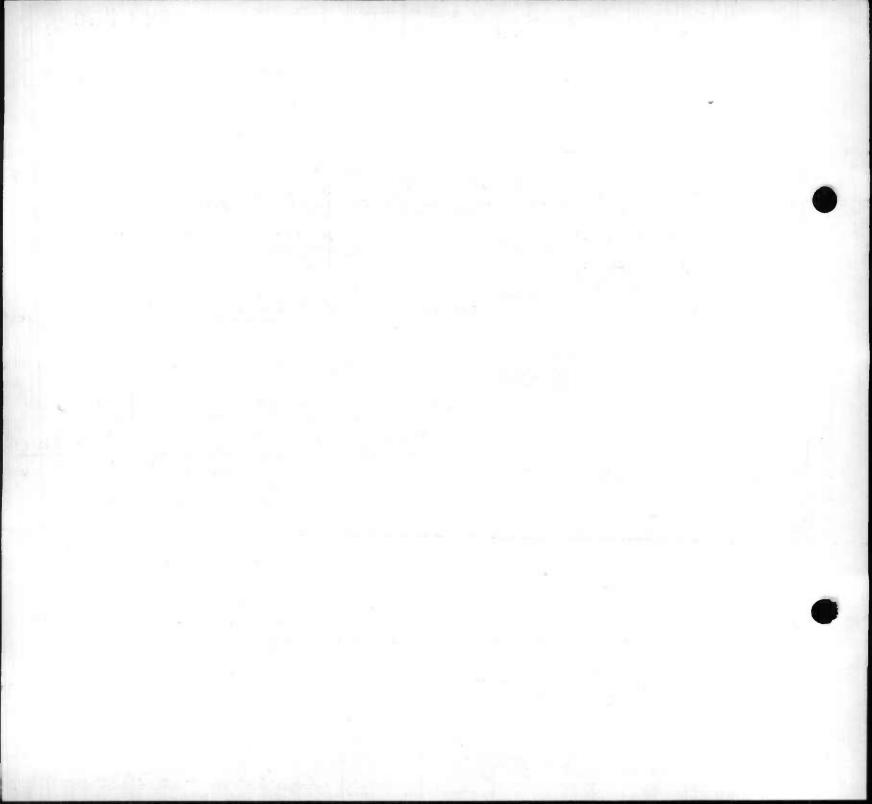
VS 150-REV. 1/1/68

Jo Duda 2022 Wise Ave. Dundalk.



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the

1	K-450 72 04070		HEALTH DEPARTMENT TE OF DEATH	REG. NO. 72 (04070			
a c	BIRTH NO.	CERTIFICA						
S	(Type of Pont)	EMMB	2. DATE AND HOL	DE OF DEATH	13-0			
eath.	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCE		4. USUAL RESIDENCE IWhere dece		residence before admission			
o de	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)	N. GIVE STREET						
+	35 charcer Home & Ho	m2-1	E. STREET AND NUMBER		_			
prior		17 110 200	324 S. Ros	smoon St.	Balto. 2/221			
ased pr	5. SEX 6. RACE 7. MARRIED X N	DIVORCED	8. DATE OF BIRTH 9. AGE		Doys Hours Min.			
	10A, USUAL OCCUPATION (Give kind of work 108, KIND OF BUS		11. BIRTHPLACE (State or loreign cour	niry) 12. CITI	IZEN OF WHAT COUNTRY?			
disposition	Restored. Homei	naker	po Germ	any,	1 merica			
the	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME					
disp	Trederick Moop		parents					
0 —		SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS			
fina	No 2	19-22-4188	V.S.SAIL	Am, Cher	-choughmes			
or	18. 1 5 9 X I	CAUSE OF DEATH			APPROXIMATE INTERVAL			
ed ed	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		A	1011	, ,			
E E	(This does not meen the mode of dving eq.	(A) IMMEDIATE CAUS	SE CATOLIO TES	p. Jan leve	lhm.			
lar	heart failure, osthenia, etc. It means the disease, injury or complication which caused death.)							
9 E	ANTECEDENT CAUSES	10 Blee	ding per Rectu	min	16 hrs.			
are are	DISEASES OR CONDITIONS, il ony, giving	DUE TO, OR AS	A CONSEQUENCE OF:	***************************************	***************************************			
-E s	UNDERLYING CONDITION last.	(c) 9 mm	adiation by r	adium	60 28 hm			
vas	Z II	7	Coramora	ented	6 money			
ian v	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	******************	<i>}</i>	ract.	back			
physici fore th	19A DATE OF OPERATION 19R CONDITION FOR WHICH WAS PERFORMED	CH OPERATION	20A. AUTOPSY? IVes or Not 20B. IN C	IF YES, WERE FINDINGS ERTIFYING CAUSES OF I	CONSIDERED DEATH?			
No pl	The state of the s	CE OF INJURY (e.g., in in, foctory, street, olfi	or about 21 C. WHERE DID	(If in Boltimore City, give	e exact location)			
(6) P	Q 21D. TIME (Month) IDoyl IYeori (Hour 21E INJ	URY OCCURRED	21F. HOW DID INJURY OC	CUR?				
d ((APPROX) While A	At Work						
E +	22. I certify that (4) (this hospital) attended the de	eceosed from	10-21 1972	to 6. 2	2 , 10 ~			
	that (1) (we) lost saw the deceased alive an	4.22	197) ond that Infin	(our) apinion dear	h accurred on the date			
ath st k	ond haur and from the couses stated above. (1) (We	e) (did) (did not) vi	ew the body after death.					
de DE	23A. SIGNATURE			238 DATE SIGNED				
우급	Blentam	GEGREE Phys.	ding Med. Staff Phys.] 6	122.77			
deceased prior to death); a written approval must be ob	23C. PHYSICIAN'S NAME (Type) V . S. SAIL		Cherch Hou	ue cHOV	m'tall,			
p a		of CEMETERY OF CREA	MATORY 24D. LOCATIO	N ICity, town, o	r countyl (Stote)			
ten	Burial 4-26-72 Gard	ens of Fa	orth Ceneter Ball	timore 1	nd.			
dece	APR 27 1972		Nicholas T. M. BONE Editor	latthews,	ADDRESS			
	VS 150-REV. 1/1/68	* + + + +	700 500	co Ave, po	ALTIMER, Md.			



1/ 223	72 (1407) BALTIMORE CITY HEALTH DEPARTMENT
V-230	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. 72 04071

PIE	TH NO.		MED	ICAL	. C/	AMIINEK 3 C	EKIIFI	CATEO	DEATI	REG. NO	1	0 3 0 1	-4-
-	NAME OF DEC	EASED					2. DATE	Known 🔲	Month	Day	Year	Hnur	
(Ty	e or Print)		XXXXXX	LOUIS	SE	VAUGHT	OF DEATH	Estimoted					
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD					3. DATE		Month	Doy	Yeor	Hour	М.		
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)				PRONO	UNCED DEAD	Apri	1 25,197	2	13:30	A.			
HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION				5. USUAL F	ESIDENCE (Whe	re deceosed live	d. If Institution:	residence	before adm	issian)			
3	% UNI	VERSITY	HOSPI	TAL			A. STATE	Maryland	E	. COUNTY	Harf	ord	208
6.	EX	7. RACE		8. MADE	NED [NEVER MARRIED	C. CITY OF	TOWN		D. INSIDE CIT	Y LIMITS?		
I	emale	Whi	te	WIDOV			?	Aberdeen		Ve	s ET	NO 🗆	
9. [ATE OF BIRTH	1	10. AGE (in			der 1 Yr. II Under 24 Hrs.		AND NUMBER		TE;	<u> </u>	NUL	
	Jan 19,	reld.	losi birthdo		Mont	hs Days Hours Min.		ood State	Hospita	a1			
11	BIRTHPLACE (S	tate or foreign	n country)	20	12. C	ITIZEN OF	13. FATHER						
	lavre de			and		HAT COUNTRY?	30		Taught				
					066	BUSINESS OR INDUSTRY		alph J. V					
don	during most of w	rorking lile, ev	en freilred)	140. 1/11/41			100						
_	none					none		aye Fende	F	45	DRESS		
16. (Ye	WAS DECEAS	(If yes, give w	var or dotes	of service	57	SECURITY NO.	18. INFOR		בב לוו			+ Aber	deen
_	no					none	_	h J. Vau	gnt, bil	S. Roge			
	19.3 6	0171				CAUSE OF DEA		in this				NPPROXIMATE I WEEN ONSET	
	DISEAS	E OR COND	MON DIRE	CTLY		Intesti	nal Ob	struction	1				
	And the second	LEADING TO				(A)IMMEDIATE C	AUSE						
	(This does no heart follure	ot mean the , osthenia, etc.	mode of dy . It means the	disease,		DUE TO, OR A	S A CONSEC	QUENCE OF:					
	Injury or con	aplication which	th coused dec	ih.)									
	1A	NTECEDENT	CAUSES			(R)							
	DISEASES	OR CONDITIO	ONS, IF ANY	, GIVING		(B) DUE TO, OR	AS A CONSE	QUENCE OF:					
_	UNDERLYIN	ABOVE CAL	ON LAST.	ING INE		(c)							
Ó						(C/							
¥		IIFICANT CON											
CERTIFICATION		ATH BUT NOT CONDITION											
RT						WHICH OPERATION WA	S PERFORI	MED			21. AUT	OPSY? (Yes	or No)
Ü	0											no	
7	22A. EXTER	NAL CAUSE	WAS		22B. P	LACE OF INJURY (e.g.,	in or obout	22C. WHERE DIE	(il in Baltimore	City, give exac	I location)		
MEDICAL	UNDERLYING				home	, form, factory, street, office	bldg., etc.)	NJURY OCCUR					
ME	UTING LI CA		Ooy) (Year) (Hou	r) 22	E.INJURY OCCURRED		22F. HOW DID I	NJURY OCCU	R?			
	OF INJURY (APPROX.)				W	HILE AT NOT	WHILE						
	23.				m. W	ORK AT W	ORK L						
	1 cert	Ify that I h	eld on 1	ngulry [Inspection X Aut	opsy [and that on	this basis, o	leath In my c	plnlon		
		ted from: N			-	Ecident Suicid	•П н	omicide 🔲		ed monner	_		
				1				CHIEF MEDICAL					
	ACTUAL	1100	211	1/1	Y	14.	ACC	ISTANT MEDICA		F		DATE SIG	SNED
	SIGNATI		100	<u> </u>	-A	M.D				=			
	EXAMIN NAME (1	(vpe) Wer	ner U.	Spi	tz,	M.D.	Deputy	Medical	Examine	r		4/25	1/72
	A. BURIAL CRE	MATION, 2	48. DATE			C. NAME of CEMETERY			LOCATION	(City, town,	or county		ote)
RE	MOVAL (Speci	fy)	April	27 76	70	Baker's Ce	meterr	A	berdeen		ford		yland
25	burial		-								DRESS		
25	A. DATE REC'D	40730	000	238	AME	OF REGISTRAR	25C.	FUNERAL DIREC	.TOK	Tarri	ng Fi	uneral	Home
	APRZ	DIL	Charles of the Control of the Contro	15 63	CO.	2,71.0	We	Ister here	coul.	4. Aberd	leen.	Maryl	and
N/C	151-PEV 3/1/A	0					¥ 7						

6/11/52 511 5. Rogers St., Aberdeen Md.

hospital and iuse of death Such 0 death. ance irect or contributing cause (4) Undetermined cause; (5) attend 0 prior occurred disposition is made. in regular deceased Was the direct assistant if death LO kind; or final attendance fracture of any pronounced Also, embalmed regular examiner examiner. who are 4 3 physician be obtained before the remains the chief medical Was medical of any nature; (2) Body burns; (6) No physician the 0 the body was released to the hospital by where by approved (except and death); hospital must An accident eceased prior to approval 0 certificate 40 D.O.A. shows: (1) MOS

72 04072 BALTIMORE CITY HEALTH DEPARTMENT 72 04072 REG. NO. CERTIFICATE OF DEATH BIRTH NO I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH Sarah Clarke (Type or Print) A STATE B. COUNTY 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD If institution residence before (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) FULL NAME OF HOSPITAL OR INSTITUTION C. CITY OR TOWN D. INSIDE CITY LIMITS? YES T NO E. STREET AND NUMBER 5. SEX 7. AGE (in years Il Under 1 Ya If Under 24 Hrs. 6. RACE 8. DATE OF BIRTH MARRIED NEVER MARRIED Hours lost birthdox Remale White DIVORCED WIDOWED E 10A, USUAL OCCUPATION (Give kind of workings, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or loreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if refired) Housewife 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Robert Acheson Harriet Davis 15. Was Decessed Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service) 7. INFORMANT ADDRESS SECURITY NO. John S. White Funeral Home. 204 Grand St. Newburgh, N.I. No 123-16-9218 CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DUE TO, OR AS A CONSEQUENCE OF: DISEASES OR CONDITIONS, if any, giving rise to the obove cause (A) stating the UNDERLYING CONDITION last CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20 A. AUTOPSY? (Yes or No) 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 218 PLACE OF INJURY (e.g., in or obout 21C, WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (it in Boltimore City, give exact location) MEDICAL DEATH (notify medical examined 21D. TIME (Month) (Day) (Year) (Hous) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? Not While While At (APPROXI At Work Work 22. I certify that (i) (this hospital) ottended the deceased from that (1) (we) lost saw the deceased alive on. 19 ond that in(my) (our) opinion death occurred on the date ond hour and from the causes stated above. (1) (We) (did) (did not) view the body after death. 23A, SIGNATURE 23B. DATE SIGNED Attending [Med. Staff Phys. 23C. PHYSICIAM'S NAME (Type) 23D. ADDRESS 50 N 24A. BURIAL CREMATION, 24C. NAME OF CEMETERY OF CREMATORY 248 DATE REMOVAL (Specify) 25A. DATE RECOLUTION DENT. 228 NO. 18 Newburgh, Orange Co. New York St. George's Cemetery 25C. FUNERAL DIRECTOR John J. Duda 7922 Wise Ave. Dundalk, Md.21222 VS 150-REV. 1/1/68

New York ORANGE
New York
MAPPLEST.
3/03/84 88
U.S.A.

FUNERAL DIRECTOR: IMPORTANT

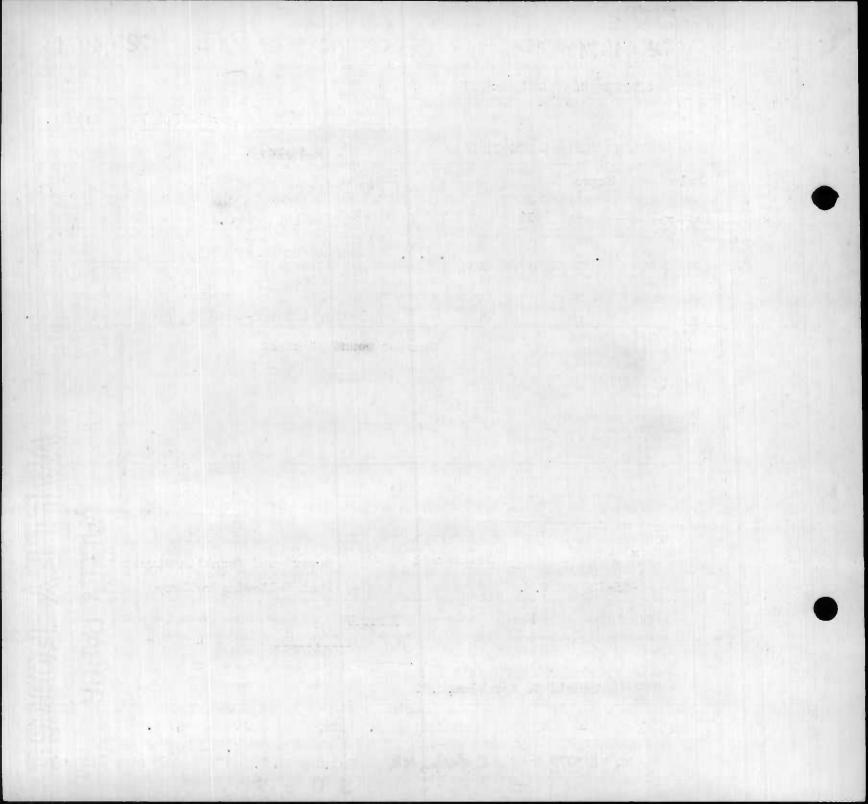
the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death wus in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

5	-362	A N. W.		BALTIMORE CIT	Y HEALTH DEPARTMENT		120 2 4020	
RIE	TH NO.	2 04073		CERTIFICA	TE OF DEATH	REG. NO	72 04073	
_	AME OF DECE	ASED						
	pe or Print)	erlaude.	Sou	THERS	2. DATE	AND HOUR OF DEATH	771 4.30	
3.	PLACE IN BALTI	MORE, MARYLAND, W			4. USUAL RESIDENCE/(WA. STATE	here deceased lived, this	nstitution: residence before admission)	
FU HO IN	LL NAME OF SPITAL OR STITUTION	(IF NOT IN HOSPITA	AL OR INSTITUT	ION, GIVE STREET	c. CITY ON TOWN	D. INS	IDE CITY LIMITS?	
	16-0	/		¥.	E. STREET AND NUMBER	LAKE	YES NO NO	
5	Fuch	race H			1501 Deut	seland of	t.	
04	SEX	RACE	* WARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In yours	Months Days Hours Min.	
1	emale	Negro.	MIDOMED	DIVORCED [4-19-11	61	Williams Day's Hours Williams	
don	e during most of wo	ATION (Give kind of work orking life, even if relired)	10B KIND OF B	USINESS OR INDUSTRY		roign country)	12. CITIZEN OF WHAT COUNTRY?	
					/S.C.		U.S.A.	
13.	FATHER'S NAM	E			14. MOTHER'S MAIDEN N	AME		
15. (Ye:	Was Deceased E , no or unknown) (ver in U. S. Armed Ford If yes, give wer or deter	es?	6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	
	no				Beulah Bank	s 3707	Colborne Road	
	18.7 50	9 1		CAUSE OF DEAT			APPROXIMATE INTERVAL	
	DISEASE	OR CONDITION DIR	ECTLY				BETWEEN ONSET AND DEATH	
	LEADING TO DEATH							
	LEADING TO DEATH (This does not mean the mode of dying, e.g., heart foilure, asthenia, etc. II means the disease, injury or complication which caused death.) (A) IMMEDIATE CAUSE CERE BRO V 45 CULYAR ACCUDENT DUE TO, OR AS A CONSEQUENCE OF: CPT Sich of them they are the second s							
	ANTECEDENT CAUSES (B) Diabetes sullivus.							
	DISEASES OR	above cause (A)	iny, giving	DUE TO, OR AS	A CONSEQUENCE OF:			
	UNDERLYING	CONDITION last.	John W.	(c).	Henry Carrie	thon.		
7		11						
ATIO	TO THE DEATH	ANT CONDITIONS CON BUT NOT RELATED TO THE VOITION GIVEN IN PART	E TERMINAL			Kneekon		
CERTIFICATION	0 -	PERATION 198 CONE WAS PERF	ORMED	ICH OPERATION	20A- AUTOPSY? (Yos or h	10 20B, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?	
MEDICAL C	OR CONTRIBUTE DEATH (notify m	WAS UNDERLYING NG CAUSE OF	21 B, PL home, otcJ	ACE OF INJURY (e.g., l form, factory, street, of	n or about 21C. WHERE DID fice bldg., INJURY OCCUR?	(If In Boltimar	e City, give exact lacation)	
ED	21D. TIME (I	Month) (Doy) (Year)	(Hour) 21E IN	JURY OCCURRED	21F. HOW DID IN	JURY OCCUR?		
>	(APPROX)	The same of the sa	While	At Work		proposition of the		
	22. I certify th	at (1) (this hospital)	attended the	deceased from	3 30 72	19 to 1. (26 1972	
		st saw the deceased		4126			nian death occurred an the date	
				We) (did) (did not) v	lew the bady after death.		death occomed the file date	
	23A. SIGNATURE			8	The budy until dealing		23B, DATE SIGNED	
		4-	nd vy	Dham	nding Med.	Staff Phys.	4126172	
	23 C. PHYSICIAN NAME (Typ	EMMAN	EL SA	DEGREE Phys	23D. ADDRESS	rnys. 🗀		
24 A	- RUPIAL CREAM	ATION 1248 DATE	love Mani	DEGREE				

24D. LOCATION 24C. NAME OF CEMETERY OF CREMATORY (City, town, or county) REMOVAL (Specify) (Stote) Burial 4-29-25A. DATE REC'D BY HEALTH DEPT. ADR 28 1972 Baltimore 72 Mt. Auburn Co 258, NAME OF REGISTRAR Jabes & Jabes M.D. Cemetery 25C. FUNERAL DIRECTOR V.Bailey ADDRESS 8 Calhoun Street 1348 SOM VS 150-REV. 1/1/68

1026 Pennsylvania Ave. 4/10/69 - Adm.

REMOVAL (Specity) Park Baltimore, Md. 1-29-72 Arbutus Mem. Burlal 25B. NAME OF REGISTRAR 25A. DATE REC'D BY HEALTH DEPT. 25C. FUNERAL DIRECTOR V. Balley ADDRESS Robert E. Farber M. D. 1348 Calhoun Street Kelson F VS 151-REV. 1/1/6B



1	K-520 70 MO75 BALTIMORE CITY HEALTH DEPARTMENT	
2002	CERTIFICATE OF DEATH REG. NO.	
al and death ceased on the	1. NAME OF DECEASED (Typo or Print) 2. DATE AND HOUR OF DEATH	
Ford.	Sylvested Kins 4-25-72 1 5 1/2	7. N
hospita ise of (5) Dec ance or death.	A. SIAIE B. COUNIT	ission)
	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR LOCATION) FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR LOCATION) C. CITY OR TOWN D. INSIDE CITY LIMITS?	2
o co	40 17	
ting d cau d cat prior	E. STREET AND NUMBER	
- 0 0 D	5. SEX 6. RACE 7. MARRIED NEVER MARRIED 18. DATE OF BIRTH 19. AGE (In years If Under) Ye. II Under 2	
occur intrib rmin egul ased	Months: Doys Hours	24 His. Min.
0 0 - 0	10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stole or lorgion country) 112. CITYEN OF WHAT CO	UNTRY
or condet	COK Buells Restaurant Md.	
was was	13. FATHER'S NAME	
+ : - : : : : : : : : : : : : : : : : :	Walter King Amanda Thomas	
B 0 B 0 -	15. Was Deceosed Ever in U. S. Armed Ferces? (Yes, no or unknown) of yes, give wor er dotes of service) 16. SOCIAL SECURITY NO. 17. INFORMANT	
SSissis	Yes Korean 217303/16 Chart	
S C C C C C C C C C C C C C C C C C C C	DISEASE OR CONDITION DIRECTLY CAUSE OF DEATH APPROXIMATE INTE	
Also Also noun atte	LEADING TO DEATH	
	heort failure, asthenia, etc. It means the disease,	
miner. fractu o pro gular emba	ANTECEDENT CAUSES Secondary to Al Blading	
A fr who reg	DISEASES OR CONDITIONS, if ony, giving (B) DUE TO, OR AS A CONSEQUENCE OF:	
9 6 C E E S	rise to the above cause (A) stating the UNDERLYING CONDITION tast. (C)	
fical cal icia		
medical medical burns; physicia an was	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
Pice d	DISEASE OR CONDITION GIVEN IN PART 1 (A). 1994 DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION 2004 AUTOPSYZ (Yes of No) 208, IF YES, WERE FINDINGS CONSIDERED	
	IN CEKIFFING CAUSES OF DEATH?	
	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, lorm, factory, street, affice bidg., INJURY OCCUR?	
ospital trure; ot whe (6) No	21D-TIME (Month) (Doy) (Yeor) (Hauth 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	
0 - 0	S OF INJURY A PROOF A TO A TO A TO A TO A While AT TO Not While TO	
SEXXET	22. I certify that (1) (this hospital) attended the deceased from $4-24$ 19 72 to $4-26$ 19	7 7
dapp forth fan fan (e	that (I) (we) lost sow the deceosed alive an 4-24-42 19 ond that in (my) (aur) opinion death occurred on the	e dots
9-00	and hour and from the causes stated above. (1) (We) (did) (did nat) view the body ofter death.	
ust based dent tospit deat must	23A. SIGNATURE 23B. DATE SIGNED	
relection a h	Attending Med. Director Staff Director 4-25-7.	2
was re was re A. at a	23C. PHYSICIAN'S NAME (Type) W. // Charter HD. Land HD. Co. R. O. C. R	
A P a B a B a B a B a B a B a B a B a B a	24A. BURIAL (Santian, 24B. DATE 24C. NAME of CEMETERY of CREMATORY (ALLA J24D. LOCATION (City, town, or county) (SI	lotel
sody v vs. (1) vs. (1) D.O.A	Burial 4-28-72 West Liberty Centery Co. 7 n Ash In the Bal 6, 4 D. 21	1211
This certification of the body shows: (1) was D.O. deceased written a	25A. DATE REC'D BY HEALTH DEPT. 258, NAME OF REGISTER / 12SC, FUNERAL DIRECTOR ADDRESS	11
-+ n > 0 >	4PR 28 1972 Walsen E. Jaben R. S. Starry The Haight Sylventle, M	d.

1 Superior agree of St. Such

deat ance

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prior

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attend

if death occurred in a hospital and rect or contributing cause of death (4) Undetermined cause; (5) Deceased regular deceased = MOS the direct assistant if IMPORTANT death HO attendance fracture of any pronounced regular who 4 3 2 physician chief medical MOS medical burns; No physician (2) Body the 0 the where

to the hospital

approved

any nature;

of hospital death)

the body was released shows: (1) An accident

(except

9

and

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prior

VS 150-REV. 1/1/68

0

to

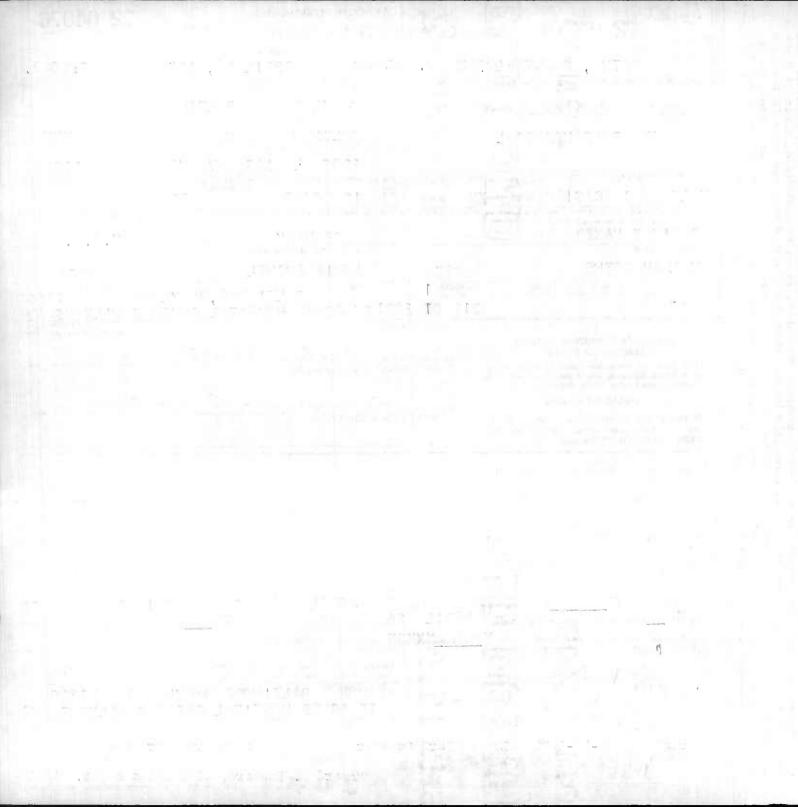
D.O.A.

Was

BALTIMORE CITY HEALTH DEPARTMENT 72 04076 72 64576 CERTIFICATE OF DEATH I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) APRIL ALBERT 26, 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD B. COUNTY MARYLAND (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) BA LT I MORE FULL NAME OF HOSPITAL OR C. CITY OR TOWN D. INSIDE CITY LIMITS? ST AGNES HOSPITAL BXXXXXXXXXXX ARBUTUS YES NOXXX E. STREET AND NUMBER 1205 ELMRIDGE AVENUE disposition is made. 5. SEX 6. RACE & DATE OF BIRTH 9. AGE Un years Il Under 1 Yr. Months! Doys Il Under 24 Hrs. 7- MARRIED NEVER MARRIED Hours MAIF CAUCASIAN 12/20/99 WIDOWED DIVORCED IGA USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) CABINET MAKER GERMANY U.S 13. FATHER'S NAME 4. MOTHER'S MAIDEN NAME HERMAN ROTHE ANNIE PUC HE L DECD DECD 15. Was Deceased Ever in U. S. Armed Ferces? (Yes, no or unknown) (iff yes, give war or dates of service) SECURITY NO. 17. INFORMANT ADDRESS BALTIMORE . MARYLAND or final NO OX 3021 ST HOSPITAL CATON & AGNES WILKENS CAUSE OF DEATH 18. BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES GLO DISEASES OR CONDITIONS, if any, giving DUE TO. OR AS A CONSEQUENCE OF rise to the above cause (A) stating the UNDERLYING CONDITION lost before the remains П CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION 119B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21 A ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21 B. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID home, farm, factory, street, affice bldg., INJURY OCCUR? (II in Boltimore City, give exect location) MEDICAL DEATH (notify medical examined) obtained 21 D. TIME OF INJURY (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? Not While While At (APPROX) At Work Work 22. I certify that (IX(this hospital) attended the deceased from 197.2 26 that (1) (we) last saw the deceased alive on, 19.72 and that in (my) (our) opinion death accurred on the date and hour and from the causes stated above. (X) (We) (dld)XXXXX view the bady after death. must 23A. SIGNATURE 23 B. DATE SIGNED Attending [approval Phys. 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS MARYLAN ST AGNES HOSPITAL deceased written ap 24A. BURIAL CREMATION, 248 DATE 24C. NAME OF CEMETERY OF CREMATORY (City, town, or county) REMOVAL (Specily) 4-29-1972 Burial Loudon Park Cemetery Baltimore, Maryland APR 2 B 25C. FUNERAL DIRECTOR ADDRESS

21229

Howard H., Hubbard, 4107 Wilkens Ave.



1	5-100	~0 04077		BALTIMORE CITY	HEALTH DEPARTMENT		~0 01000
0	IRTH NO.	72 04077		CERTIFICA	TE OF DEATH	REG. NO	72 04077
	NAME OF DEC	EASED				D HOUR, OF DEATH	
C	ype or Print)	IR Howard	IN Co	FIRE	4) (a T)	0 01'10
3	PLACE IN BAL	TIMORE MARYLAND, W	HERE PRONOUN	CED DIAD	4. USUAL RESIDENCE (Where A. STATE B. COUNT	decoosed lived, if inst	titulion: residence before admission)
H	ULL NAME OF	(IF NOT IN HOSPIT	AL OR INSTITUTI	ON, GIVE STREET	mD C	ity	2864
	THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON A	ATE AT	MEND	ED-5/1/7	C. CITY OR TOWN	D. INSID	E CITY LIMITS?
	MARI	ILAND Ger	ieral	Fospithe	E. STREET AND NUMBER		YES NO L
	42	(4601 Old	Frecleric	IC Kal. 29
	N/	6. RACE	WIDOWED	NEVER MARRIED DIVORCED	7 22 90	2.	If Under 1 Yr. If Under 24 His. Manths Doys Hours Min.
10	A. USUAL OCCI	JPATION (Give kind of work working life, even if retired)	108, KIND OF BE	SINESS OR INDUSTRY	11. BIRTHPLACE (Store or foreig	n country)	12. CITIZEN OF WHAT COUNTRY?
	Re	teres	U.S. H	Postal Ser.	mb.		USA
113	FATHER'S NA				14. MOTHER'S MAIDEN NAM	E	
		Butler Geipe			ca == ==		
(1)		Ever in U. S. Armed For	s of service)	SECURITY NO.	17. INFORMANT G.	Sullivan	ADDRESS
	No				Mrs. Mildred 🖨	1008 K	Cent Aven 21228
	18.5 / 9	E OR CONDITION DI		CAUSE OF DEATH		^	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		LEADING TO DEATH	ECILI		E RESDIEA	Tors Dril	111
	heart failure.	at mean the mode of asthenia, etc. It means	the disease.	DUE TO, OR AS		10 - Care	
	infuty of cam	plicalian which caused	death.)	_	0 0	N	
		INTECEDENT CAUSES		(B) QS	2 Pulmue	ill	
	rise to the	R CONDITIONS, if abave cause (A) CONDITION last.	any, giving stating the	(c) OR AS	A CONSEQUENCE OF:		
		11		(0)		***************************************	
O	OTHER SIGNIF	CANT CONDITIONS COL	TRIBUTING	W.	Consin and	10-1	
N S	DISEASE OR CO	OPERATION 198 CON	1 (A).	1110	me uscep	celly	100000000 annone a succession municipal spanne op
CERTIFICATION	na bale of	WAS PERF	ORMED	CH OPERATION	20A-AUTOPSY? (Yes or No)	208. IF YES, WERE FIN IN CERTIFYING CAUS	IDINGS CONSIDERED SES OF DEATH?
CALC	OR CONTRIBU	T WAS UNDERLYING TING CAUSE OF medical examined	218, PL/ hame, l etc.)	ACE OF INJURY (e.g., in lorm, foctory, street, off	or obout 21 C. WHERE DID	(If In Boltimore	City, give exact location)
MEDI	OF INJURY	(Manth) (Doy) (Year)		JURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
2	(APPROX.)		While Wark	At Wark			\
	22. I certify	that (1) (this hospital)	attended the	deceased from	april 20 19	12 10 AT	me 26 10 12
	tho (U) (we)	last sow the decease	d olive an	april 21	2 19 7 L and that	in(my) (our) opinio	an death accurred on the date
	and have and	from the causes state	ed abave (I) (Y	Ye) (did) (did nat) vi	ew the body after death.		
	23A. SIGNATUI	IE DV		A		2	38. DATE SIGNED
	/ Vie	I Cole	relias	DeGREE Phys.	Director L P	rys.	412617
	PHYSICIA!	& GORGE	C. SAIN	1ARASMO	SD. ADDRESS Matt		
24	REMOVAL (S	AATION, 248, DATE	24C. NAME	OI CEMETERY OF CREA	MATORY 24D. LOC	CATION (City,	town, or county) (State)
	Burial	4/29/7		idon Park	Balt	timore, Mary	land
25		BY HEALTH DEPT.	25B. NAME OF R	EGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
1	150-REV. 1/1/6		16526 2.	table M.D.	Witzke; 1630	O Edmondson	Avenue 21228
4.2	13U-KE V. 1/1/6	0					

5/1/72 - Correction form from funeral director.

IMPORTANT DIRECTOR: FUNERAL

chief medical examiner

the

This certificate must be

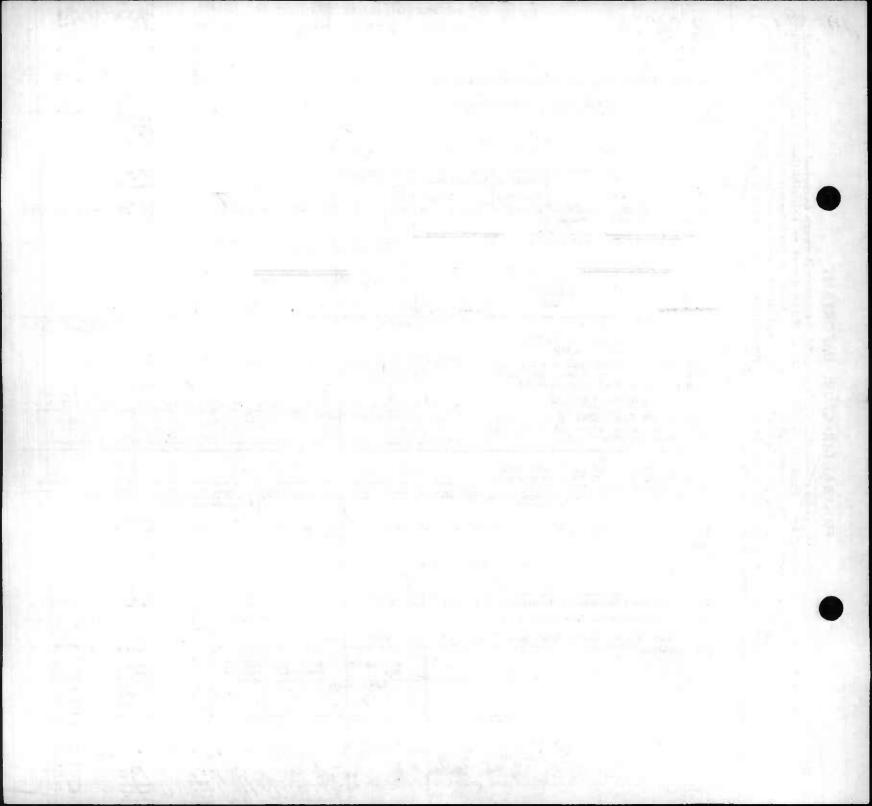
BALTIMORE CITY HEALTH DEPARTMENT 72 CERTIFICATE OF DEATH pital and of death Deceased Such BIRTH NO. I.NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) LO 4.25.72 hospital death. 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, Il institution: residence before admission) attendance A. STATE B. COUNTY MO cause FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C. CITY OR TOWN etermined cause; 0 D. INSIDE CITY LIMITS? O YES X NO prior contributing STREET AND NUMBER occurred is made. regular 5. SEX 6. RACE 8. DATE OF 7. MARRIED 9. AGE (In years If Under Tr. Il Under 24 Hrs. NEVER MARRIED deceased lost birthdoy Doys Monthsi WIDOWED 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. 8) RTHPLACE (Stole of loreign country) 12. CITIZEN OF WHAT COUNTRY? death = disposition done during most of working life, even if retired) (4) Und Retired V U.S.A Was the 14. MOTHER'S MAIDEN NAME AND XXXXXXXXXXXX LEONA Columbus Petrie eath 0 15, Was Deceosed Ever in U. S. Armed Forces? (Yes,no or unknown) (III yes, give wor or dotes of service) SOCIAL Ruth E. Nicodemus, 216 DBRESSPayson St final SECURITY NO. attendance n recore any unced 10 CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEMM DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH (A) IMMEDIATE CAUSE prono fracture (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE heart foilure, asthenia, etc. It means the disease. examiner. regular injury ar camplicalian which coused death.) ANTECEDENT CAUSES who are DISEASES OR CONDITIONS, if ony, giving DUE TO, OR AS A CONSEQUENCE tise to the obove cause (A) stoting the physician UNDERLYING CONDITION last the remains Was 11 CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING physician TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). Body the 19A. DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION 20 A. AUTOPST? (Yes or No.) 20 B. IF YES, WERE FINDINGS CONSIDERED 0 IN CERTIFYING CAUSES OF DEATH? before CAOF 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 3 21 B. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID home, lorm, loctory, street, affice bldg., INJURY OCCUR? where (If In Boltimore City, give exact location) to the hospital MEDICAL o Z DEATH (notify medical examined) any nature; obtained 21D. TIME OF INJURY (Doy) 21E INJURY OCCURRED (Month) (Teor) (Hour) 9 21F. HOW DID INJURT OCCUR? approved (except Not While While At (APPROX) and At Work 22. I certify that (1) (this hospital) attended the deceased from that (1) (we) lost saw the deceased alive on ond that in (my) ((aur)) opinion death accurred an the dote of hospital death) the body was released and hour and from the causes stated above. (1) must (did) (did nat) view the body after death. accident 23A. SIGNATURE 23B DATE SIGNED Attending [Med. 0 Director __ approval Phys. Ū 23C. PHYSICIAN'S NAME (Type) prior 23D. ADDRESS at An 24A. BURIAL CREMATION. 24B. DATE REMOVAL (Specify) 24C. NAME of CEMETERT OF CREMATORT D.0. eceased 24D. LOCATION (Stote) shows: Burial 4-29-1972 Baltimore, Maryland Loudon Park Cemetery as 25A. DATE REC'D BY HEALTH DEPT. 25B, NAME OF REGISTRAR 25C. FUNERAL DIRECTOR Howard H. Hubbard, 4107 Wilkens Ave. 21229 VS 150-REV. 1/1/68

CAN THE PARTY. I, I

IMPORTANT FUNERAL DIRECTOR:

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. VS 150-REV. 1/1/68

			BALTIMORE CITY	HEALTH DEPARTMENT		70 04070
BIRTH NO.	799-93		CERTIFICA	TE OF DEATH	REG. NO.	72 84079
1. NAME OF DECE (Type or Print)	Smith, t	lelen		2. DATE	4/21/72	1 150 PN
3. PLACE IN BALT	IMORE MARYLAND, W	HERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (W	here deceased lived. If in	stitution; residence before admission
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPITA	AL OR INSTITUTION)	TUTION, GIVE STREET	Mary an		DE CITY LIMITS?
mallon md.	Gen Hos	0.		Baltimo		YES NO
82/ rinder Ave				E. STREET AND NUMBER	0 1 0	Sto, md. 21211
5. SEX	6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Ys. If Under 24 Hrs. Months Days Haurs Min.
F	W	WIDOWED	DIVORCED	01-09-93	79	
	rorking life, even If retired)		V	11. BIRTHPLACE IState or fo	1	12. CITIZEN OF WHAT COUNTRY
3. FATHER'S NAM	Housewi	ie o		Mary Cons		USA
L	. 1/	٠ ا ١	No ol door	1 V		T om a
S. Was Decement	,	ordon	Maddox N& SOCIAL	17. INFORMANT	Emma	Long
(es, no or unknown)	Ever in U. S. Anned For ill yes, give war or date	s of servicel	SECURITY NO.		11.0= 0	
MU NO COM	No.		217 019110	Herbert O. S	mith 4407 Fa	alls Road
18. 4/0	7 1		CAUSE OF DEAT	4		APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
	e of condition di Leading to death	RECTLY		0		Aluano
That a state of the second second	ot mean the mode of	dving. e.c.	(A) IMMEDIATE CAL		isperatory C	hud 40 minute
heart failure,	asthenia, etc. It means plication which caused	the disease	DUE 10, OK AS	A CONSEQUENCE OF:	0	
		Gegm.)	0.6	L 0 0	-0	Q1 2010
	INTECEDENT CAUSES		(B) (CU)	d antero-si	stern winder	may of hours
	R CONDITIONS, if			A CONSEQUENCE OF:	influence	0.
	CONDITION last.		(c) Urle	worterby (Centrase (theise
_	11					
OTHER SIGNIFI TO THE DEATH DISEASE OR CO 19A. DATE OF 21A. ACCIDEN	CANT CONDITIONS CO	NTRIBUTING				
DISEASE OF CO	ONDITION GIVEN IN PAR	T T (A).		20A AUTOPSY? (Yes or	No. 208 IE VEC WERE	EINDINGS CONSIDERED
HANDATE OF	OPERATION 198 CON WAS PER	ORMED	WHICH OPERATION	VI CO	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
21A-ACCIDEN	T WAS HINDERLYING	1 21	R. PLACE OF INTHEY In a.	n or obout 21 C. WHERE DID	til la Baltimor	e City, give exact lacation)
OR CONTRIBU	TWAS UNDERLYING TING CAUSE OF medical examined	horeto	me, farm, factory, street, o	n of obout 21 C. WHERE DID fice bldg., INJURY OCCUR?	ju in comme	a cutt fine avert recount
OF INJURY	(Month) (Doy) (Year)	[Hour 21]	E INJURY OCCURRED	21f. HOW DID I	NJURY OCCUR	
(APPROX)		W	hile At Not While At Work	•		
22 1 cartifu	that (1) (this hospital			1-21	1972 10 4	~ 21 1072.
	last saw the decease		1.			nian death occurred on the da
						nian death occurred on the ga
23A. SIGNATU		ed abave.	(I) (We) (did) (did not) v	iew the body after deat	10	238 DATE SIGNED
234.3104410	. / //	/	MD Atte	nding Med.	Staff	ZJE DATE SIGNED
PUL	shael 1	tzul	DEGREE Phy	L Director L	Stoff Phys.	4/21/72
23C. PHYSICIA NAME (T)	rpel 6			23D. ADDRESS	() 9	000
	MICHAEL	y Fai	1/KNER/DEGREE	Dorangle	& Jorner	a Grepton
24A. BURIAL CREA	MATION, 248. DATE	24C.N	AME of CEMETERY OF CR	MATORY 24D.	LOCATION (C	ity, town, ar caunty) (State)
Buri		72 Lo	rraine Park Ce	metery	odlawn Balt.	Co Marriand
	SY HEALTH DEPT.	258_NAME	OF REGISTRAR	25C. FUNERAL DIRECT		ADDRESS
	APR 28 1972	1/2 Ber	L. Jaben M.D.	Burgee Fune	ral lome, Ba	ltimere Maryland



Such

(5) Deceased on the of death

(4) Undetermined cause;

in regular deceased

Was

death

who pronounced racture of

physician

to death. attendance cause

prior

written approval must be obtained before the remains are embalmed or final disposition is made.

deceased prior to death); and (6) No physician was in regular attendance on

where the

any nature; (except

shows: (1) An accident of was D.O.A. at a hospital

This certificate must be the body was released

a hospital

	BALTIMORE CITY	Y HEALTH DEPARTMENT		THE RESERVED	
72 04080 BIRTH NO.	CERTIFICA	TE OF DEATH	REG. NO	72 04080	
(Type or Print)			HOUR OF DEATH		
ARTHUR A	LIEN MATHIAS		24 1972	M	
3. PLACE IN BALTIMORE, MARYLAND, W	HERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where A. STATE B. COUNTY	deceased lived. If in	stitution: residence before admission)	
FULL NAME OF (IF NOT IN HOSPIT. HOSPITAL OR ADDRESS OR LOCA	AL OR INSTITUTION, GIVE STREET	Maryland	In INSI	DE CITY LIMITS?	
3615 Buena Vi	eta Awania	Baltimore		YES NO	
00	500 11/61100	E. STREET AND NUMBER 3615 Buena Vist	a. Avenue		
5. SEX 6. RACE White	7. MARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH November 15 190	AGE (In years st birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.	
IDA. USUAL OCCUPATION (Give kind of work	108. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	country)	12. CITIZEN OF WHAT COUNTRY	
done during most of working life, even if retired) Driver	Retail Florist	Maryland		USA	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME			
George M. Mathias		Ida Stricklin			
15. Was Deceased Ever in U. S. Armed For (Yes, no or unknown) (If yes, give war or date	s of service) 16. SOCIAL SECURITY NO. 219 OL 2961A	17. INFORMANT	26 3615 B	Address uena Vista Avenue	
	CAUSE OF DEAT		ما ريور وهه	APPROXIMATE INTERVAL	
DISEASE OR CONDITION DIE		Corner. The	rombosis	BETWEEN ONSET AND DEATH	
(This does not mean the mode of heart foilure, asthenio, etc. It means injury or camplication which caused	dying, e.g., DUE TO, OR AS the disease,	A CONSEQUENCE OF:			
ANTECEDENT CAUSES	Con	mar markons	- 60	gears	
DISEASES OR CONDITIONS, if rise to the obove couse (A) UNDERLYING CONDITION tast.	.,, 33	may montpoor	····-}		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).					
19A. DATE OF OPERATION 19B. CON WAS PERI	DITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	208. IF YES, WERE FIN CERTIFYING CAL	FINDINGS CONSIDERED USES OF DEATH?	
OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet)	218. PLACE OF INJURY (e.g., home, form, factory, street, a etc.)	in or obout 21C. WHERE DID	(If in Boltimore	e City, give exact location)	
21 D. TIME (Month) (Doy) (Year)	(Hour) 21E. INJURY OCCURRED	21F. HOW DID INJUI	Y OCCUR?		
S OF INJURY	While At Not Whi	le 🗀			

22. I certify that (I) (this hospital) attended the deceased from

10-6

that (i) (we) last saw the deceased alive

4-17

and that in (my) (our) opinion death accurred on the date

and hour and from the causes stated above. (1) (We) (did) (did nat) view the body after death. 23A. SIGNATURE

Apr

Attending Phys. 23D. ADDRESS

19

Staff Phys.

4-26-72

19.

23C. PHYSICIAN'S NAME (Type)

REUBEN HOFFMAN MD

25C. FUNERAL DIRECTOR

Med. Director

(City, town, or county)

238, DATE SIGNED

24A. BURIAL CREMATION, REMOVAL (Specily)

Hill Cemetery Chestnut

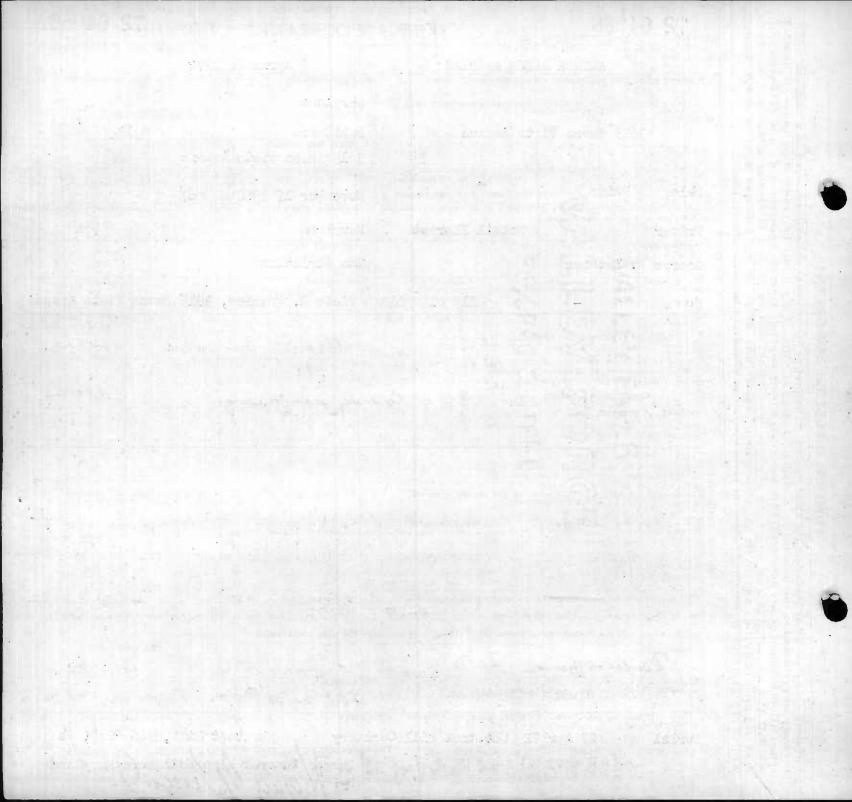
24C. NAME of CEMETERY OF CREMATORY

Chestnut Hill, Glen Rock, Pa

258 NAME OF REGISTRAR

24D. LOCATION

VS 150-REV. 1/1/68



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such FUNERAL DIRECTOR: IMPORTANT

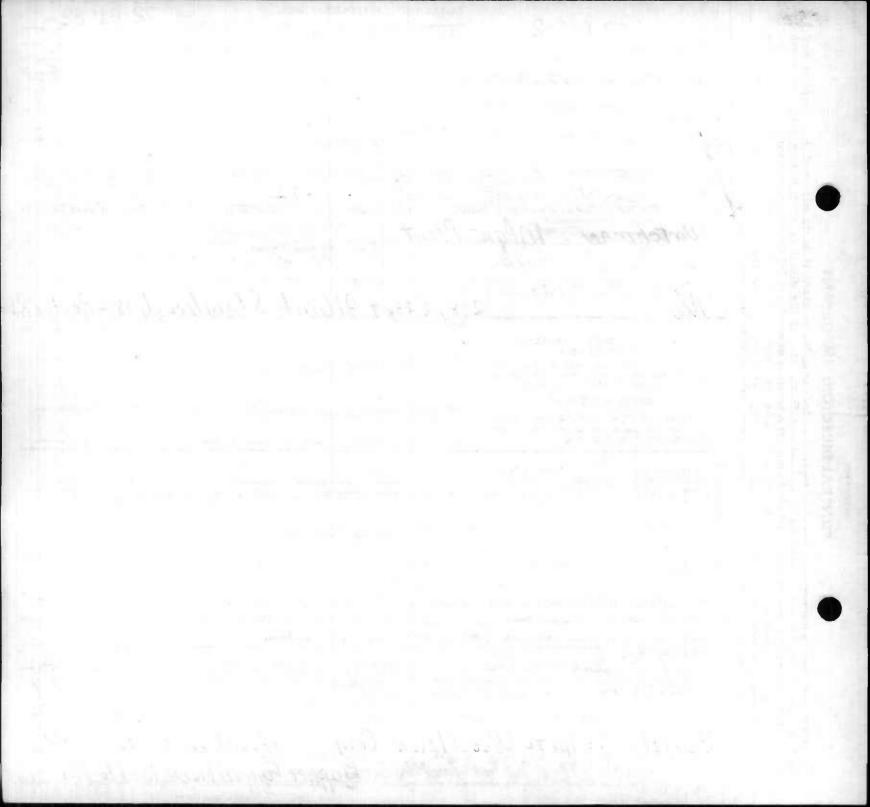
165)	BALTIMORE CITY	HEALTH DEPARTMENT		72 04081			
7-651 72 04081	CERTIFICA	TE OF DEATH	REG. NO.	12 04001			
BIRTH NO. 1. NAME OF DECEASED	ODK THIO		HOUR OF DEATH				
(Type or Print) George L. Tu	rnbaugh, Sr.	April	25 1972	170			
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO		4. USUAL RESIDENCE (Where A. STATE B. COUNT	deceased lived. If i	nstitution: residence before admission			
FULL NAME OF (IF NOT IN HOSPITAL OR INS	JLL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET			2765			
NSTITUTION ADDRESS OF ECCATION		C. CITY OR TOWN	D. INS	SIDE CITY LIMITS?			
4308 Grandview Av	enue	Baltimore E. STREET AND NUMBER		YES A NO			
00		4308 Grandview	Avenue				
SEX 6. RACE 7. MARRI	EDXX NEVER MARRIED	B. DATE OF BIRTH 9.	AGE (In years st birthday)	If Under 1 Yr. If Under 24 Hrs. Manths: Doys Hours Min.			
Male White WIDOW	ED DIVORCED	Feb 7 1906	66	Trusts Poys			
DA, USUAL OCCUPATION (Give kind of work 10B, KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Slote or foreign	country)	12. CITIZEN OF WHAT COUNTRY			
one during most of working life, even if retired) Foreman Ware	house	New York		USA			
FORMALI WATE	110000	14. MOTHER'S MAIDEN NAM	E				
George Turnbaugh		Louise					
5. Was Deceased Ever in U. S. Armed Farces?	16. SOCIAL	17. INFORMANT		ADDRESS			
(es, na or unknown) (If yes, give war or dates of service) No -	e) SECURITY NO. 213 10 2346	Margaret M. Tu	rnbaugh	same			
18. 4. 10. 9	CAUSE OF DEATH			APPROXIMATE INTERVAL			
DISEASE OF CONDITION DIRECTLY		. 7	peland	BETWEEN ONSET AND DEATH			
LEADING TO DEATH	a	cure my		cc. veren			
	(A)IMMEDIATE CAUSE						
heart failure, asthenia, etc. It means the disea	(This does not mean the mode of dying, e.g., DUETO, OR AS A CONSEQUENCE OF:						
injury or complication which caused death.)							
ANTECEDENT CAUSES	1 22	my atherso	Sc/2 50 51	S C+mos			
DISTANCE OF CONDITIONS II	A CONSEQUENCE OF:						
DISEASES OR CONDITIONS, if any, givening la like above couse (A) sloting	9	A CONSEQUENCE OF:					
UNDERLYING CONDITION last.	(c)						
1 Significantial inforction - Colular							
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING							
TO THE DEATH BUT NOT RELATED TO THE TERMINAL OF A CONTRIBUTION CHARLES TO THE TERMINAL OF THE							
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMIN, DISEASE OR CONDITION GIVEN IN PART I (A). 19.4. DATE OF OPERATION 198. CONDITION FO			208. IF YES, WERE	FINDINGS CONSIDERED			
19.A. DATE OF OPERATION 19.B. CONDITION FO WAS PERFORMED			IN CERTIFYING CA	AUSES OF DEATH?			
, OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., i	or about 21C. WHERE DID fice bidg., INJURY OCCUR?	(If in Baltima	are City, give exact location)			
	etc.)						
OF INJURY	21 E. INJURY OCCURRED	21 F. HOW DID INJU	RY OCCUR?				
	While At Not While Work At Work						
22. I certify that (I) (this hospital) attende			71 10 4	125/77 19			
	11.01-	/					
that (I) (we) lost sow the deceased alive a	n	and that	in(my) (our) op	inian deoth occurred an the do			
and hour and from the causes stated obove	. (1) (We) (did) (did not) v	iew the body ofter death.					
23A. SIGNATURE				23B. DATE SIGNED			
Million Jone	Dhu	nding Med. Director P	laff	14/27/75			
23 C. PHYSICIAN'S	GEGREE Phy	23D. ADDRESS	hys. 🖵				
NAME (Type)		3222 St. Paul St	treet				
Dr. William F. Renner	OF CEMETERY OF CR			Tity town or county) (San-1			
REMOVAL (Specify)				City, town, or county) (Stote)			
	arkwood Cemeter		timore Co.				
25A. DATE REC'D BY HEALTH DEPT. 25B. NAM	LE OF REGISTRAR	Burgee Funeral	l And/Balt	ti more Namy and			
APRZO 19/2	E. Valbey M.D.	par ger Langera	THE DAT	timore Maryland			
/S 150-REV. 1/1/68	1200	1 : Malle	1N Une	ell to			

strept as March less The State of SECOND OF PRODUCE IN THE PROPERTY OF SECOND

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

0	-251			BALTIMORE CITY	HEALTH DEPARTMENT		72 04082	
	TH NO.	72 04082	2	CERTIFICA	TE OF DEATH	REG. NO.	12 04002	
	AME OF DECE	STAMBO	AUSH	EARNEST	- W. 4.	LS. 72	1 4,30 Pm	
3. 1	LACE IN BALT	IMORE MARYLAND, WHE	RE PRONOUNC	ED DEAD	4. USUAL RESIDENCE (Where A. STATE B. COUNT		ution; residence before admission)	
FUI HO	LL NAME OF	OF NOT IN HOSPITAL		40 010	C. CITY OR TOWN	D. INSIDE	CITY LIMITS?	
	umis	on meno	real	Mosportal	Baltenor	e y	ES NO	
-	+4				E. STREET AND NUMBER 7/6 Bens	ry 37.	MD 21211	
5. S	Male.	112.0	MARRIED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH 9. シル・之2	49.	(Under 1 Yr. II Under 24 Hrs. Annihs Doys Hours Min.	
		PATION (Give kind of work) 10 rorking life, even if roffred)	MAGR.	- Plant	11. BIRTHPLACE (State or foreign	a country)	AMERICA.	
13.	ERNIZ	ST P. STA	MBAL	GH.	14 MOTHER'S MAIDEN NAM		TTIE	
5.	Wos Deceased	Ever in U. S. Armed Forces	? I seeded 16	SOCIAL SECUEITY NO.	17. INFORMANT	0 / /	ADDRESS	
1101	We	ut yes, give was or come	á	18/2 236	7 Albent-S	tamhzu	1814 Reuter Rd	
	18. 15-4	L A CONSTRAIN DIRE		CAUSE OF DEATH	1	,	BETWEEN ONSET AND DEATH	
		e or condition directleading to death	LILI	(A)IMMEDIATE CAU	ce.			
	(This does no	of mean the mode of d	ying, e.g.,		A CONSEQUENCE OF:			
	injury or com	plication which caused de	eath.)	0	. 0			
	A	INTECEDENT CAUSES		(B) Car	emenne Ke	ctum- T.	Rowins	
		R CONDITIONS, if an above cause (A) s		DUE TO, OR AS	A CONSEQUENCE OF:			
		CONDITION lest.	wanty and	(c)				
		11						
NOL	TO THE DEATH	CANT CONDITIONS CONT H BUT NOT RELATED TO THE	TERMINAL					
CAT	DISEASE OR CO	OPERATION (198 CONDI	(A),	CH OPERATION	[20A-AUTOPSY? (Yes of No.	208 IF YES WERE FIN	DINGS CONSIDERED	
CERTIFICATION	14.1	VAS PERFO	RMED SESA	now obstra		208. IF YES, WERE FIN IN CERTIFYING CAUS	ES OF DEATH?	
	21A. ACCIDEN OR CONTRIBU DEATH (notify	TING CAUSE OF medical examined	21 B. PL. home, etc.)	ACE OF INJURY (e.g., inform, factory, street, of	n or obout 21 C. WHERE DID	(if In Boltimore C	City, give exact location)	
MEDICAL	21D. TIME	(Month) (Doy) (Year)	(Hous 21 & IN	JURY OCCURRED	21F. HOW DID INJU	IRY OCCUR?		
Z	(APPROX.)		While Work	At Not While	• 🗆			
	22	that (1) (this hasaital)				9 72 to	4-25197-2	
	22. I certify that (1) (this hospital) attended the deceased from 3. 19 22 that (1) (we) last saw the deceased alive on 2. 19 22 and that In(my) (our) opinion death occurred on the date							
			gilve on	4.2	5 119 -> 2 and the	t in (my) (our) opinio	on death occurred on the date	
	that (I) (we)	last saw the deceased	1	(4, 2) (did) (did not) v		t in(my) (our) opinio	on death occurred on the date	
	that (I) (we)	last saw the deceased I from the couses states	1	We) (did) (did not) v	lew the body ofter death.		on death occurred on the date	
	that (I) (we) ond hour and	last saw the deceased I from the couses states	1	Atte	lew the body ofter death.	2		
	that (I) (we) ond hour and	last saw the deceased I from the couses states RE Lucus N'S	1	DEGREE Phy	lew the body ofter death.			
24/	ond hour and 23A. SIGNATU 23C. PHYSICIA NAME (T)	last saw the deceased I from the couses stote RE LUCIU N'S ypel MATION, 1248, DATE	d above. (1) (ale HAT	DEGREE Phy	riew the body ofter death. Inding Med. Director D 23D. ADDRESS MNUSS MNUSS	Staff [] 2 Phys. []		
24/	that (1) (we) ond hour and 23A. SIGNATU 23C. PHYSICIA NAME (1)	last saw the deceased I from the couses stote RE LUCIU N'S ypel MATION, 1248, DATE	d above. (1) (ale HAT	DEGREE Phy	riew the body ofter death. Inding Med. Director D 23D. ADDRESS MNUSS MNUSS	Staff [] 2 Phys. []	4-25:72 HUSSprital.	
24/	ond hour and 23A. SIGNATU 23C. PHYSICIA NAME (T)	last saw the deceased I from the couses stote RE LUCIU N'S ypel MATION, 1248, DATE	d above. (1) (ale HAT	DEGREE Phy	riew the body ofter death. Inding Med. Director D 23D. ADDRESS MNUSS MNUSS	Staff [] 2 Phys. []	4-25:72 HUSSprital.	
24/	ond hour and 23A. SIGNATU 23C. PHYSICIA NAME (T)	last saw the deceased from the couses store RE LUCIU N'S ype) MATION, 24B, DATE ipecify) 28 April	d above. (1) (ale HAT 24C.NAM 72 WU	DEGREE Phy	elew the body ofter death. Inding Med. Director Description 23D. ADDRESS MINISTER EMATORY Cem 24D. LC	Staff [] 2 Phys. []	two, or county) Selfy Co My	



prior in regular deceased death Was the death 0 attendance any pronounced A fracture of regular who 3 = physician the 8 by

BALTIMORE CITY HEALTH DEPARTMENT REG. NO. CONNORS CERTIFICATE OF DEATH Such t if death occurred in a hospital and rect or contributing cause of death (4) Undetermined cause; (5) Deceased BIRTH NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) Connon 0 death. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD attendance B. COUNTY 4804 (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) FULL NAME OF HOSPITAL OR INSTITUTION D. INSIDE CITY LIMITS? 0 YES NO Singi E. STREET AND NUMBER disposition is made. 9. AGE (In years Il Under 1 Ya . Il Under 24 Hrs. Months! Days Hours : Min. 5. SEX 6. RACE MARRIED NEVER MARRIED 2 WIDOWED 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE ISlate or foreign country 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if refired) 24 972 13. FATHER'S NAME 4 MOTHER'S MAIDEN NAME 0 N NO 12 15. Was Deceased Ever in U. S. Armed Forces? (Yes,na prunknown) (Uf yes, give war or dates of service) 17. INFORMANT or final SECURITY NO. zra I Conners 2050554 CAUSE OF DEATH APPROXIMATE INTERVAL RETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH serve Stock (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. it means the disease, injury as camplication which caused death.) DUE TO, OR AS A CONSEQUENCE OF myolanded extention ANTECEDENT CAUSES DUE TO, OR AS A CONSEQUENCE OF: before the remains are DISEASES OR CONDITIONS, if any, giving Arteris devote Heart Dision rise to the above cause (A) stating the UNDERLYING CONDITION last No physician was shows: (1) An accident of any nature; (2) Body burns; 11 CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION 20A AUTOPSYZ (Yes of No) to the hospital by 218 PLACE OF INJURY (e.g., in or about 21C, WHERE DID home, farm, factory, street, office bidg, INJURY OCCURY etc.) 2TA. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (Il in Baltimare City, give exact location) (except where MEDICAL DEATH Ingtify medical examined be obtained (Month) (Day) (Year) (Houd 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 9 Not While OF INJURY approved While At (APPROX) At Wark Work and 22. I certify that (1) (this hospital) attended the deceased from death); that (1) (we) last saw the deceased alive an and that in (my) (aur) apintan death accurred an the date hospital the body was released and hour and from the causes stated abave. (1) (We) (dld) (did-not) view the bady after death. must 23A, SIGNATURE 23 & DATE SIGNED Attending [Med. Director Staff Phys. 10 Phys. written approval 8 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS eceased prior to odolfo D.O.A. 24A. BURIAL CREMATION, 248, DATE 24C NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) REMOVAL (Specify) 10 SD 25A. DATE REC'D BY HEALTH DEPT. ADDRESS 25C-FUNERAL DIRECTOR Ö VS 150-REV. 1/1/68

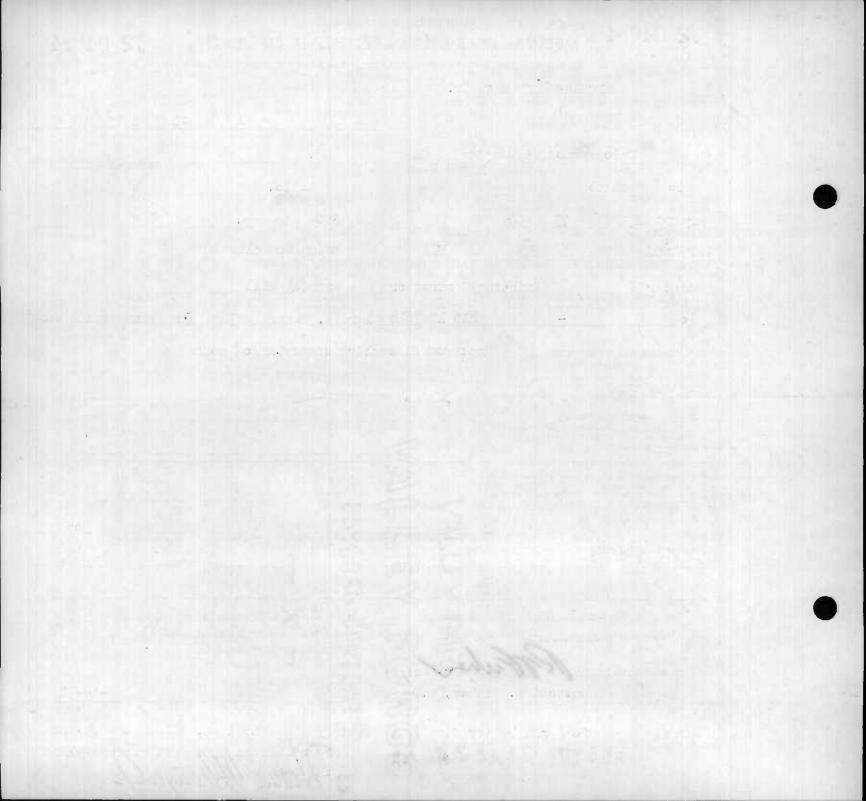
VS 151-REV. 1/1/68

J.

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH

MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG, NO. 72 04084	
BIRTH NO.	CERTIFICATE OF DEATH REG. NO.	
NAME OF DECEASED R.	2. DATE Known Month Doy Year Hour	=
Type or Print) RICHARD CONNOLLY Sr.	OF DEATH Estimoted	4.4
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Year Hour	М.
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	PRONOUNCED DEAD	
HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
41	A. STATE B. COUNTY	,
Union Memorial Hospital (DOA)	Md. 1500	7
6. SEX 7. RACE B. MARRIED X NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?	
male white widowed Divorced	Balto. YES X NO	
P. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs.		
May 20 1898 Tost birthdoy) Months, Doys, Hours, Min.	3634 Elm Ave.	
11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF	13. FATHER'S NAME	_
Maryland WHAT COUNTRY?	Mason Connolly	
4A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTR'		_
one during most of working life, even ifretired)		
Painter Painting Contractor		
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	IB. INFORMANT ADDRESS	
	Clara E. Connolly 3634 Elm Avenue Balto Md	
19.2/4/. CAUSE OF DEA		
DISTAST OF COMPRION PIPECYLY RIPTIITED diss	secting aneurysm of aorta	100111
LEADING TO DEATH		
(This does not mean the mode of dying, e.g.,	AS A CONSEQUENCE OF:	
heort foilure, osthenio, etc. It meons the diseose, injury or complication which coused death.)		
ANTECEDENT CAUSES (B)		
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR RISE TO THE ABOVE CAUSE (A) STATING THE	R AS A CONSEQUENCE OF:	
UNDERLYING CONDITION LAST		
0		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).		1 SA 60-00 00 00 0
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W.	VAS PERFORMED 21. AUTOPSY? (Yes or No	0)
01		,
✓ 22A. EXTERNAL CAUSE WAS 122B PLACE OF INJURY(e.g.,	yes yes	
O INDEPLYING TOP CONTRIB. home, form, foctory, street, office	., in or obout 22C. WHERE DID (If in Boltimore City, give exoct location) ice bldg., etc.) INJURY OCCUR?	
UTING CAUSE OF DEATH.		
22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCCURRED OF INJURY	·	
(ADDROV) WHILE AI NOT	WORK	
23.		
I certify that I held on Inquiry Inspection Au	utopsy 🗵 ond that on this basis, death in my opinion	
resulted from: Notural causes Accident Suicia		
	CHIEF MEDICAL EXAMINER 😾	
ACTUAL AMAGENTA	DATE SIGNED)
SIGNATURE M.D	D. ASSISTANT MEDICAL EXAMINER	
EXAMINER'S NAME (Type) Russell S. Fisher, M.D	ASSOCIATE MEDICAL EXAMINER 4-24-72	
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY REMOVAL (Specify)	f or CREMATORY 24D. LOCATION (City, town, or county) (Stote)	
Burial 26 April 72 Lorraime Park	Cemetery Woodlawn, Balto Co Maryland	
25A. DATE REC'D BY HEALTH DEPT 25B. NAME OF REGISTRAR	25C FLIMED AL DIRECTOR ADDRESS	
APR 20 HTZ Vaber E. Janber M.D.	Burger Funeral Home Baltimore Maryland	
	By: d/ 100 11/h	_
/S 151-REV. 1/1/68	2 Divious 112 rigard	



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_	nust be approved by the chief medical examiner or his assistant if death occurred in a hospital and	leased to the hospital by a medical examiner. Also, it the direct or contributing cause of death	cident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	hospital (except where the physician who pronounced death was in regular attendance on the	to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	
	nospita	se of	(5) Dec	ance o	death.	
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	rred	butin	ned c	lar a	d price	ade.
	h occu	contri	termi	regu	cease	n is m
	deatl	+ or	Unde	ras in	e de	osifioi
LNI	ant if	direc	d; (4)	ath w	on th	disp
ORTA	assist	if the	ny kin	ed de	lance	r fina
IMP	or his	Also,	e of a	OUNCE	attend	med o
OR:	iner	ner.	actur	pron	ular	mbal
RECT	ехап	mpxe	3) A fi	who	n reg	are e
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FUNERAL DIRECTOR: IMPORTANT	ief me	a med	dy bu	e phy	ician	he re
FUN	he ch	l by	(2) Bo	ere th	phys	fore
	d by	ospita	iture;	ot whe	N (9)	ned be
	prove	the h	any no	(excel	pup	Il must be obtained before the remains are embalmed or final disposition is made.
	9 0	40	ofe	lal	th);	pe.
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vs: (1) A D.O.A.

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approval

VS 150-REV. 1/1/68

was released

certificate

BALTIMORE CITY HEALTH DEPARTMENT 72 04085 REG. NO. CERTIFICATE OF DEATH 2. DATE AND HOUR OF DEATH 4-23-72 5:35 p M.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
B. COUNTY A. STATE Maryland (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C. CITY OR TOWN D. INSIDE CITY LIMITS? Baltimore YES Z NO E. STREET AND NUMBER 5301 Barber Avenue DATE OF BIRTH 9. AGE (In years 7. MARRIED X NEVER MARRIED If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min. lost birthdoy) WIDOWED DIVORCED 12. CITIZEN OF WHAT COUNTRY? A+P. Food STORES Texas, Maryland U. S. A. 14. MOTHER'S MAIDEN NAME 6. SOCIAL SECURITY NO. ADDRESS VA Hospital Records 213-09-8629 Baltimore, Maryland 21218 CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH (A) IMMEDIATE CAUSE Chronic renal failure DUE TO, OR AS A CONSEQUENCE OF

1. NAME OF DECEASED (Type or Print) EAGAN, Thomas J. 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD HOSPITAL OR Veterans Administration Hospital 3900 Loch Raven Boulevard Baltimore, Maryland 21218 S. SEX Male Caucasian 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) done during most of working life, even if retired) Meat Cutter 13. FATHER'S NAME James L. Eagan 15. Was Deceased Ever in U. S. Anned Forces? (Yes, no or unknown) (If yes, give wor or dates of service) Yes 6-2-17 to 7-15-19 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This daes not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the obove cause (A) stating the UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) CERTIFIC 20 A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? (If In Boltimore City, give exact location) DEATH (notify medical examiner) MEDIC (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY Not While While At (APPROX.) Work At Work 22. I certify that (1) (this haspital) attended the deceased from April 19, 1972 19 to April 23, that XX (we) last saw the deceased olive on April 23. 19 72 and that in (ny) (aur) apinian death accurred an the date and have and from the causes stated above. (**) (We) (did) (**) view the body after death. 23B. DATE SIGNED 23A. SIGNATURE Attending Director __ Phys. 23C. PHYSICIAN'S 23D. ADDRESS 3900 Loch Raven Boulevard NAME (Type) JAMES A. QUINLAN, JR., M.D. Baltimore, Maryland 21218 24C. NAME of CEMETERY OF 24D. LOCATION 24A. BURIAL CREMATION, 24B. DATE (State) REMOVAL (Specify) MOST -

Calculated macroscopic but a completely Figure 12 Last The state of the s the property bearings that division and development THE RESERVE TO BE THE PARTY OF British a very comment of the second of the

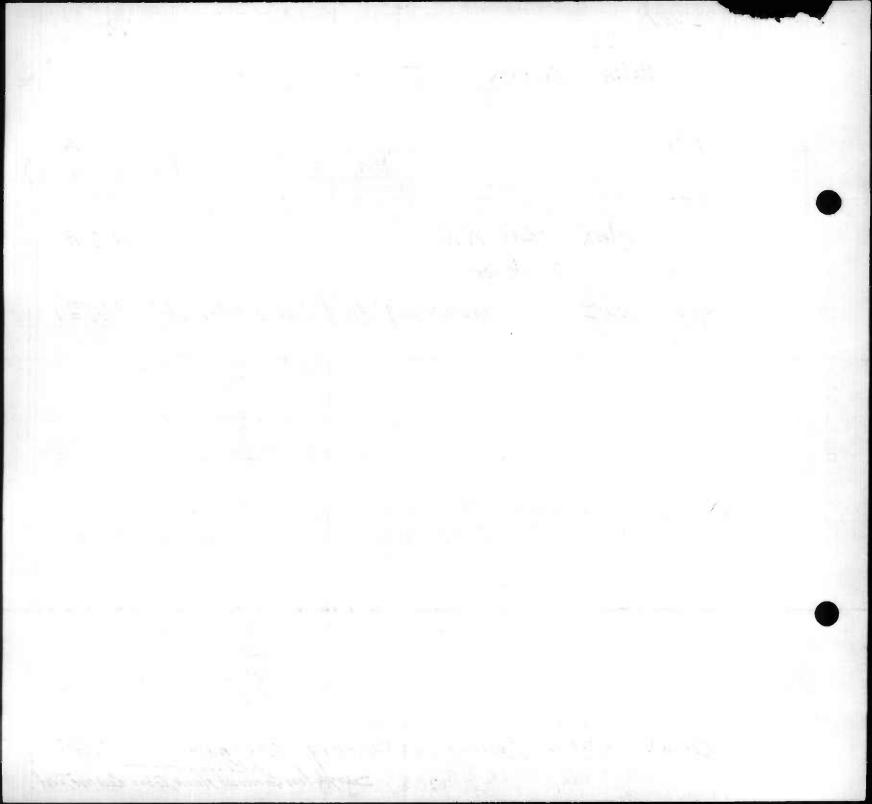
IMPORTANT FUNERAL DIRECTOR:

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in

BALTIMORE CITY HEALTH DEPARTMENT	
CERTIFICATE OF DEATH	

KREG. NO.	72	64	086

	12 4160 BALTIMORE CITY HEALTH DEPARTMENT						
	RTH NO.	72 040)86	CERTIFICA	TE OF DEATH	REG. NO	72 04086
	NAME OF DECE	1.11.	11.			ID HOUR OF DEATH	
3.	PLACE IN BALT	MORE MARYLAND, V	THERE PRONO	UNCED DEAD	Sr. 4/2	6/42. 1	1) aun . M
F	III NAME OF				I COOK	0100	lution: residence before admission)
HIN	ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUT ADDRESS OR LOCATION)		UTION, GIVE STREET	C. CITY OR TOWN	2/06/	CITY LIMITS?	
	Cotto Ballingo OI		0 0101	um Upental	Glen Bur		ES NO N
1	JOH III	150 W WOOD	c ga	ovid Twyping	E. STREET AND NUMBER	/	
5.	SEX	6. RACE	7. 44 4 PPICE		8. DATE OF BIRTH	ave.	V. Ferndale)
	M	W	WIDOWED	NEVER MARRIED DIVORCED		9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Nanths Days Haurs Min.
10,	A. USUAL OCCU	ATION (Give kind of world	10B KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?
	Kelived Clerk B+O R.R.			Manylang		U.S.A.	
13.	. 1	william D. Heller			14. MOTHER'S MAIDEN NAM		
15.	Was Deceased F	varia II S A I E	7.017	1 6. SOCIAL	Lana gre	W.	400000
(Te	yes	if yes, give wer or dote	s of servicel	SECURITY NO. 705-05-9557	Mrs Lilling M	1. Heller wife	ADDRESS SAME AS #4
	18.4/2	.4142	02.2	CAUSE OF DEATH		77	APPROXIMATE INTERVAL
	DISEASE	OR CONDITION DIS	RECTLY		11. 1. 1.	1	BETWEEN ONSET AND DEATH
	(This does not	mean the mode of sthenia, etc. It means	dying, e.g.,	(A) IMMEDIATE CAUS	CONSEQUENCE OF:	c hirborni	im
	injury or compl	ication which caused	death.)		7	QV.	
		RECEDENT CAUSES		(B) Prius	is chubic Porce	homoulana	Library
	DISEASES OR	CONDITIONS, if above couse (A)	any, giving	DUE TO, OR AS	CONSEQUENCE OF:		AAGO EM. I
	UNDERLYING	CONDITION last.	arding the	(c)	morroun		
NO	OTHER SIGNIES	11	ITOIDIUT I O		V V		
ATIO	ITO THE DEATH	ANT CONDITIONS CON BUT NOT RELATED TO THE IDITION GIVEN IN PART	IC TEDLAINIAL	199700000000000000000000000000000000000			
FIC	19A. DATE OF O	PERATION 198 CONI WAS PERF	DITION FOR W	HICH OPERATION	20A. AUTOPSY? (Yos or No)	20B, IF YES, WERE FINE	DINGS CONSIDERED
CERTIF	O HA-				No	IN CERTIFYING CAUSE	S OF DEATH?
	OR CONTRIBUTE	WAS UNDERLYING DIE CAUSE OF edieal examined	hame etc.J	PLACE OF INJURY (e.g., In o, form, fociary, street, affi		(If In Boltimore Ci	ty, give exact lacotion)
124	21 D. TIME (A	Manth) (Day) (Year)	(Hour) 21E	INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
×	(APPROX.)	int	While	Nol While		(
	22. I certify th	at (1) (this hospital)	ottended the		4 / 18 / 19	72 to 4	106 109
		st saw the decease			1 42		death occurred on the date
	and have and fo	rom the causes state	ed abave. (1)	(We) (did) (did not) vic	w the body ofter deoth.	,(,, (001, 0)111101	death occorred on the date
	23A. SIGNATURE	1. 1		MD		238	L DATE SIGNED
	22C BLIVE CLASS	sirilhewa		DEGREE Phys.		hoff hys.	4/26/42
	NAME (Type	R. SIR	ITHI	ARA 23	D. ADDRESS BOULD BO	ulticum Ge	euna Horita
24A	REMOVAL (Spe	TION, 24B. DATE	24C.N.K	ME of CEMETERY OF CREA	ATORY 240. LO	CATION (City, to	own, or county) (State)
25.	Seyiel	4/29/72		rane light	emetery Br	Chimere	med
Z3A		PR 28 1972	Tobes &	REGISTRAR	25C. FUNERAL DIRECTOR	4Bilmon	ADDRESS
VS 1	50-REV. 1/1/68	112 512	المهمة و	wasser 48	Suggetien far	revel Home, G	for aunit, mel.
			100	Britis w *			

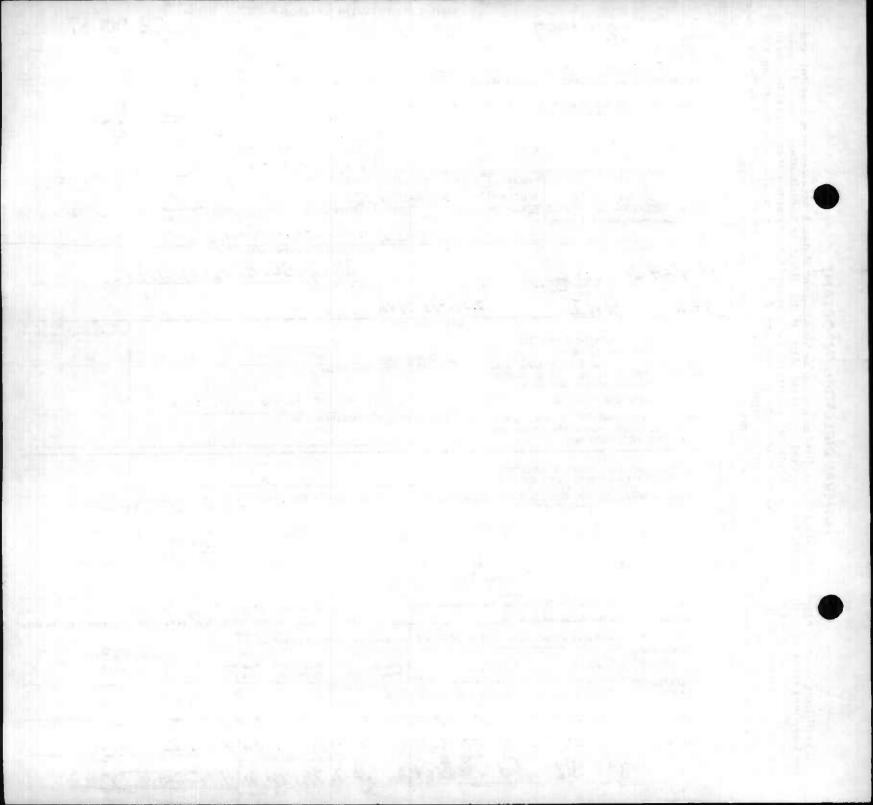


FUNERAL DIRECTOR: IMPORTANT

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and written approval must be obtained before the remains are embalmed or final disposition is made.

K-520	BALTIMORE CITY HEALTH DEPARTMENT								
BIRTH NO. 72 04087 CERTIFICATE OF DEATH REG. NO. 72 04087									
I. NAME OF DECEASED		2. DATE AN	D HOUR OF DEATH						
Type or Print KING, GEOR	0e D.	APR	11 22 V	973 123500					
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (When	e deceased lived. If in	estitution: residence before admission					
FULL NAME OF (IF NOT IN HOSPITAL OR IN HOSPITAL OR IN ADDRESS OR LOCATION!		MARY 19 C. CITY OR TOWN	Nd	IDE CITY LIMITS?					
BOTI Secours H	OSPITAL	BAItimo	Re	YES NO					
34		1169 SAO	DONT	54					
5. SEX 6. RACE 7. MARR	IED NEVER MARRIED	8. DATE OF BIRTH	AGE (In years	II Under 1 Yr. , If Under 24 Hrs.					
male W WIDOW	= 500 =	08-19-25	lost birthdoy	Months Days Hours Min.					
IOA. USUAL OCCUPATION [Give kind of work 10 B. KINE done during most of working life, even if refired]	OF BUSINESS OR INDUSTRY	11. SIRTHPLACE (State or foreig	in country)	12. CITIZEN OF WHAT COUNTRY?					
	S-SINGER-CO	WESTMINSTER	?. MD .	USA					
13-FATHER'S NAME	7	14. MOTHER'S MAIDEN NAM	AE .						
A NAH SKINO		ELIZABETH M. RICHTER							
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) [if yes, give war or dates of services.	1 6. SOCIAL SECURITY NO.	17. INFORMANT	7 /1/2/	ADDRESS					
VES WNT	2207/8-0946	Front She	ex of ca	bant					
18.430,91	CAUSE OF DEATH	1	0, 40,	APPROXIMATE INTERVAL					
DISEASE OR CONDITION DIRECTLY		Outres had a		BETWEEN ONSET AND DEATH					
LEADING TO DEATH (This does not mean the mode of dying,	(A) IMMEDIATE CAU		mora him	nonnage.					
heart failure, asihenia, etc. Il means the diser	ise, DUE TO, OR AS A	A CONSEQUENCE OF							
ANTECEDENT CAUSES	ANTECEDENT CAUSES Subarrachmond humanhage								
DISEASES OR CONDITIONS, if any, giv	(8)								
rise to the above cause (A) stating the UNDERLYING CONDITION lost. (C)									
\Viendame \\ \Vien									
OTHER SIGNIFICANT CONDITIONS CONTRIBUTIN	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING								
TO THE DEATH BUT NOT RELATED TO THE TERMIN)-444-01 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 [A]. 179A. DATE OF OPERATION 179E. CONDITION FOR WAS PERFORMED WAS PERFORMED	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	IN CERTIFYING CAU	FINDINGS CONSIDERED USES OF DEATH?					
OR CONTRIBUTING CAUSE OF	218, PLACE OF INJURY (e.g., in home, lorm, foctory, street, off etc.)	or obout 21 C. WHERE DID	(If In Boltimore	e City, give exact location)					
OF INJURY (Month) (Doy) (Year (Hour)	21 E INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?						
(APPROX.)	While At Not While At Work								
22. I certify that (1) (this hospital) attende	d the deceased from	4-8 19	972 to 4	- 82 1978					
that (1) (we) last saw the deceased alive of				nion deoth occurred on the dote					
and hour and from the couses stated above									
23A. SIGNATURE				23B, DATE SIGNED					
Wilmon Thitia		nding Med. S	Shaff A	4-22-72 12-35					
23C. PHYSICIAN'S NAME (Typel VILBIVAN TH	DEGREE	3D. ADDRESS ROW SECOU							
24A. BURIAL CREMATION, 248, DATE 1240	DEGREE								
REMOVAL (Specifyl		MATORY 24D. LO	CAHON (CII)	y, town, or county! (State)					
BURIAL 4-28-72	NESTMINSTER (EMETERY 1/12	STMINSTE	R MD.					
APR 28 1972 746	& C. Valley D. S.	25C. FUNERAL DIRECTOR	a met.	ADDRESS					
VS 150-REV, 1/1/68	MIN	& Daniel	D. HOIM	mer, In					

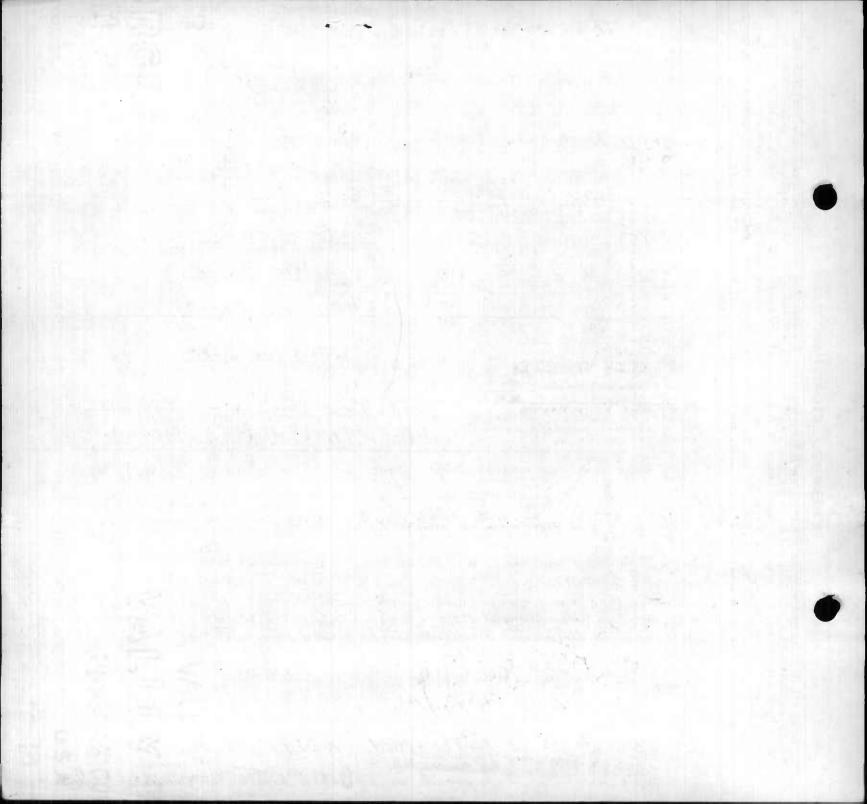
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FUNERAL DIRECTOR: IMPORTANT

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased This certificate must be approved by the chief medical examiner or his assistant if deoth occurred in a hospital and

		ITY HEALTH DEPARTMENT 72 04088					
0	72 04058 CERTIFIC	CATE OF DEATH REG. NO.					
	BIRTH NO. 1. NAME OF DECEASED	2, DATE AND HOUR OF DEATH					
	(Type or Print) CAROL LYNN CRITES	APRIL 25, 1972 6:22 P. M					
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)					
	FINE MARKS OF THE NOT IN HOSBITAL OR INSTITUTION CIVIS STREET	Md. BALTIMORE					
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?					
		REISTERSTOWN YES NO X.					
	UNIVERSITY OF MARKLAND HOSPITAL	E. STREET AND NUMBER					
	38	RT.#3 130X 38 GLEN MORRIS ROAD					
li	5. SEX 6. RACE 7. MARRIED NEVER MARRIED						
	F. CAUCASION WIDOWED DIVORCED	2-11-55 17					
	10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUST done during most of working life, even if retired)	TRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?					
	NONE	GARRETTRO. MARYLAND U.S.a.					
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
	LAMES H. CRITES Sp.	WILMA PAUGH					
	15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT ADDRESS					
	(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	HOSPITAL CHART					
	CAUSE OF DE	ATH APPROXIMATE INTERVAL					
	DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH					
	LEADING TO DEATH	CAUSE SEPTICEMIA 8 days					
		AS A CONSEQUENCE OF:					
	injury art oppolises an abjety caused deems						
	AMP CEDENT CAUSES ME IN MUL	TIPLE SMALL BOWEL PERFORATIONS 38 days					
	DISEASES OR CONDITIONS, if ony, giving DUE TO, OR	AS A CONSEQUENCE OF:					
	underlying condition last, (c) 1N6	ESTION OF FOREIGN OBJECTS 38 days					
	11						
	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	(Ketonovia (Mental Retardation) Birth					
	TO THE DEATH BUT NOT RELATED TO THE TERMINAL UNEWY	1 KCTONOVIA CTTENTAL OCCIVATENTIAL IDIO					
	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?					
1	3-11-12-4-1472 INTESTINAL OBSTRUC	TION NO					
	OR CONTRIBUTING CAUSE OF home, form, foctory, street	g., in or about 21C. WHERE DID (If In Boltimore City, give exact location)					
	DEATH (notify modical examiner) dospital	Rosewood State Hospital					
	OF INJURY (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?					
	(APPROX.) 3-17-72 While At Work	Vhile & Swollowed Multiple Foriegy a Objects					
	22. I certify that (1) (this haspital) attended the deceased from	APRIL 1 1972 10 APRIL 25 1972,					
		5 19 72 ond that ir(my) (our) opinion death occurred on the date					
	ond haur and from the causes stated above (I) (We) (did) (did not) view the body after death.						
	23A. ATGNATURE	238, DATE SIGNED					
	Cont Man	Attending Med. Staff Phys. 4/25/72					
	23 PHYSTCIAN'S	Phys. Director Phys. 23 / 23 / 2					
	NAME (Type) NTHONIV DANTO, MT	= 375 CARTITE ST BAITMANT OF					
	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of	REE 22 (TKTENE 3 , 1) HALIMIONE MD. CREMATORY 24D. LOCATION (City, town, or county) (State)					
	REMOVAL (Specify)	1 1 000) Take 0 - 1/2 1/					
	BURIAL 4-28-12 CREST LAW	IN GHRPEND KT 40 HOWARD CO. MD.					
-	APR 20 ETZ	25C. FUNERAL DIRECTOR 95 WILLIS STADDRESS					
1		O MOTOR OFFILE, WESTIMMSTER, MIG.					
	VS 150-REV. 1/1/68						



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hust be approved by the chief medical examiner or his assistant if death occurred in a hospital and leased to the hospital by a medical examiner. Also, if the direct or contributing cause of death cident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased hospital (except where the physician who pronounced death was in regular attendance on the odeath); and (6) No physician was in regular attendance on the	I must be obtained before the remains are embalmed or final disposition is made
sed to sed	ust
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ERTIFICATION

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approval

E-6561 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH REG. NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) MARY L. ERMER April 25, 1972 11:25 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) FULL NAME OF HOSPITAL OR (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) Maryland C. CITY OR TOWN D. INSIDE CITY LIMITS? Hamilton Melchor Nursing Home YES X NO E. STREET AND NUMBER 2327 North Charles Street 2705 Hamilton Ave S. SEX 6. RACE 7. MARRIED NEVER MARRIED X 8. DATE OF BIRTH 9. AGE (in years Il Under 1 Yr. Il Une Months: Days Hours Il Under 24 Hes. lost birthdov Female WIDOWED Caucasian DIVORCED Dec. 18, 188**6**X 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if refired) Home maker Own Home Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Ermer Anna Meite 15. Was Deceased Ever in U. S. Armed Forces? 6. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO. No None J. William Ermer, Sr. 1416 Tenbury Road CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY 100000 LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not meen the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: heart loiture, asthenia, etc. It means the disease, injury at camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving DUE TO. OR AS A CONSEQUENCE OF rise to the above cause (A) stoling the UNDERLYING CONDITION last.

> н OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL Owend DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No.) 208 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21& PLACE OF INJURY (e.g., in or obout 21C, WHERE DID home, form, factory, street, affice bldg., INJURY OCCUR? (If In Baltimore City, give exoct location) DEATH (notify medical examined) 21 D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY Not While While At (APPROXI Work At Work 22. I certify that (I) (this hospital) attended the deceased from that (1) (we) last saw the deceased alive an. and that in (my) (took) apinian death occurred an the date and have and from the couses stated above. (1) (We) (and) (did not) view the body after death. 23A. SIGNATURE 23 B. DATE SIGNED Attending [

> > 23D. ADDRESS

4-28-72

248, DATE

Loy

M. Zimmerman

258. NAME OF REGISTRAR

24C. NAME of CEMETERY OF CREMATORY

Trinity Cemetery

Baltimore 25C. FUNERAL DIRECTOR

Med.

3202 Harford Road

Director ___

24D. LOCATION

Maryland APOSOS York Rd.

(State)

VS 150-REV. 1/1/68

PHYSICIAN'S NAME (Type)

24A BURIAL CREMATION,

REMOVAL (Specify)

25A, DATE REC'D BY HEALTH DEPT.

Wm? Cook-Brooks Towson, Inc. Towson, Maryland

(City, town, or county)

SET OF THE PARTY O

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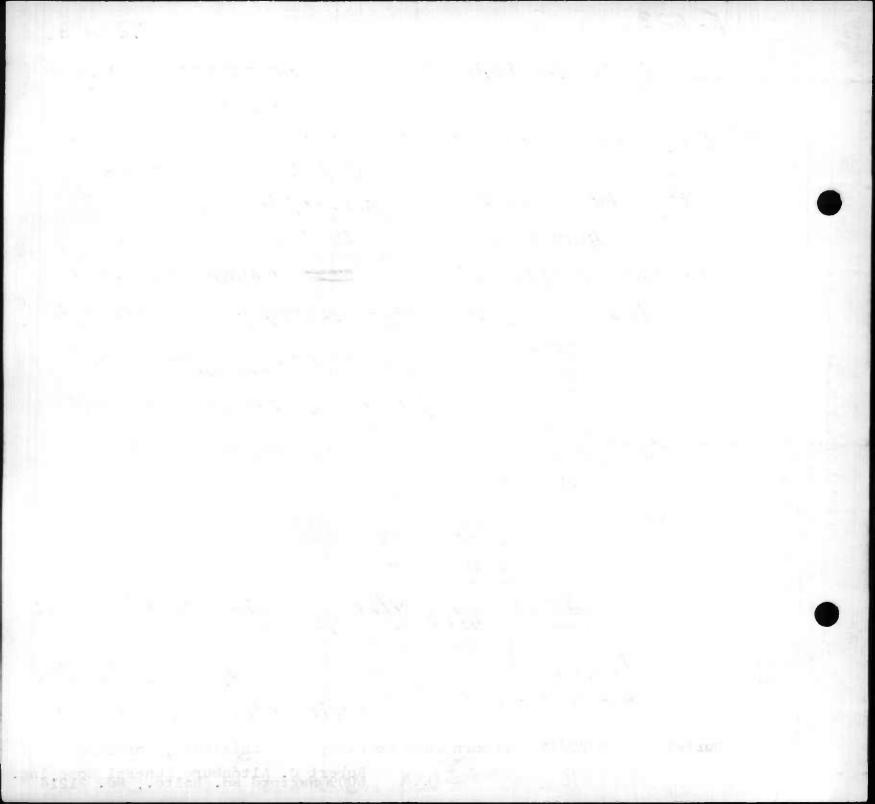
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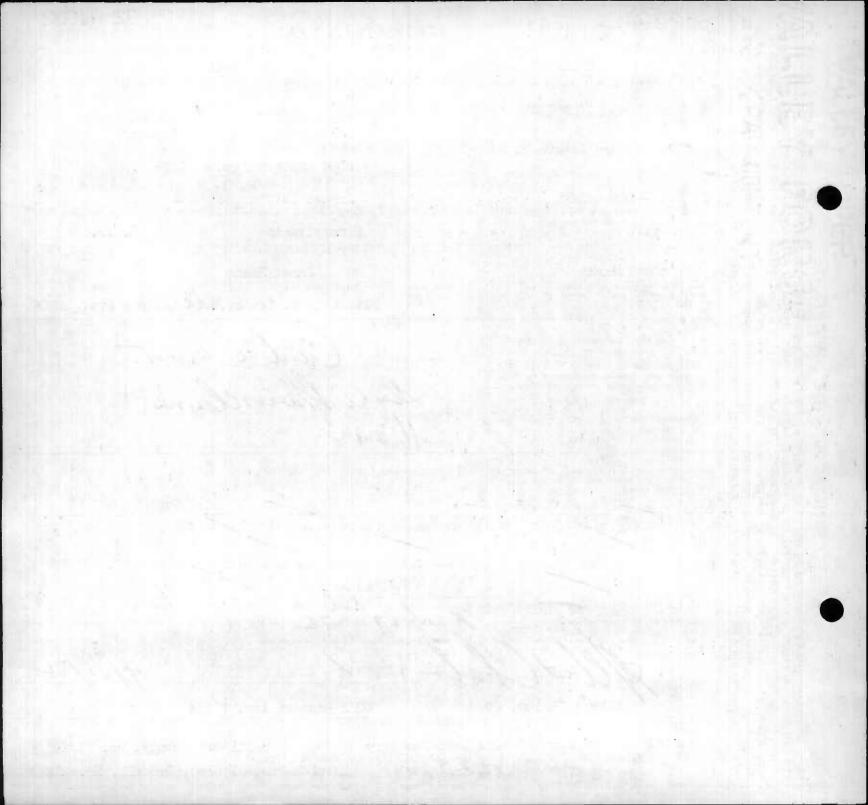
Assembly to the state of Manyland David Though A Manyland The second section of the section of the

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1	-623 72 04091		HEALTH DEPARTMENT	REG. NO	72 04091
1.	NAME OF DECEASED	CERTIFICATION.		D HOUR OF DEATH	
	ype or Printle GRACE M. FORK			26,1972	12:30 P
3,	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCES	DEAD	4. USUAL RESIDENCE IWhen	e deceased lived if inst	titution: residence before admission
II H	ULL NAME OF OSPITAL OR INSTITUTION, ADDRESS OR LOCATION		C. CITY OR TOWN	RFORO	E CITY LIMITS?
	NORTH CHARLES GEN.	HOSPITAL	FOREST H.	ILIS	YES NO M
	47		COY BER	NADETT	E DR.
5.	F 6. RACE 7. MARRIED NE	VER MARRIED 8	ALLE 29 1894	9. AGE (In years Just birthdoy)	If Under 1 Yis If Under 24 Hiss Months Doys Hours Min.
t0. do	A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSIN ne during most of working life, even if retired)		1. BIRTHPLACE (Stole or forei		12. CITIZEN OF WHAT COUNTRY
13.	FATHER'S NAME	1	BACTIMO 4. MOTHER'S MAIDEN NAM		U.J.
	ROBERT MORRIS (0)		MMA D	EAL (D)
(Ye		CURITY NO.	7. INFORMANT		ADDRESS
-		5-1024921	A DAUGHTE	n-	SAME AS ABOUT
	DISEASE OR CONDITION DIRECTLY	CAUSE OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	LEADING TO DEATH	(A) IMMEDIATE CAUSE	CANCETTA	18 HEART	
	(This does not mean the made of dying, e.g., heat failure, asthenia, etc. It means the disease,		CONGESTION CONSEQUENCE OF:	EMUMB	
	injury or camplication which caused death.)	ACCI	10 = 1.	AIRL FI	m lane
	DISEASES OR CONDITIONS, if any, giving	(B) ASCV	CONSEQUENCE OF:	MINSU F	10. 919
	inse to the above cause (A) stoling the	DOE 10, OR A3 A	CONSEQUENCE OF:		
		(c)			
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	**********************	***********************************		
CERTIFIC	19A-DATE OF OPERATION 19R CONDITION FOR WHICH WAS PERFORMED	OPERATION	20A. AUTOPSY? (Yes or No)	208. IF YES, WERE FIN	IDINGS CONSIDERED
CER	21A. ACCIDENT WAS UNDERLYING 21B. PLACE	OF INJURY (e.g., In a	N O		
CAL	OR CONTRIBUTING CAUSE OF home, form, form, form, etc.)	, foctory, street, offic	e bldg., INJURY OCCUR?	fit to positimore (City, give exact locotton)
0	OF INJURY (Month! (Doy) (Year) (Hour) 21E INJUR	Y OCCURRED	21F. HOW DID INJU	RY OCCUP?	
8	(APPROX.) While At Work	Not While			
	22. I certify that (I) (this haspital) attended the dece		2-/	72 to 41	1260 10 77
	that (1) (we) last sow the deceased alive on 4/	126 1	19 72 and that		an death accurred on the date
	and haur and fram the causes stated above. (1) (We)	(did) (did nat) vie	w the body after death.	,,,,, (==:, =p,)	an account of the date
	23A. SIGNATURE A PURCHAMA				BR DATE SIGNED
	23C. PHYSICIAN'S A P. 4 TO A L. TO A L.	Attendi Phys.	Director L P	haff hys.	4/26/72
	NAME (Type) AGATON H. ESCALA	11000	NORTH CAR	MES GA	N HORNITAL
244	BURIAL CREMATION. 248. DATE 24C. NAME 61	CEMETERY of CREM.		CATION (City.	fown, or county! (Stotel
B	urial 4/29/72 Loudo	n Park Ce	metery	Baltimore,	service and the service of the servi
25A	DATE REC'D BY HEALTH DEPT. 258. NAME OF REGIS	TRAR	25C. FUNERAL DIRECTOR		ADDRESS
VS	APR 28 1972 Jabel & Ja	wee M.D.	Bobert Cia	d Rd. Bait	uneral Home Inc



1	-155	5		BALTIMORE CIT	Y HEALTH DEPARTME	NT	79	04092
(O)	H NO	72 0409	2	CERTIFICA	ATE OF DEA	TH REG	. NO	, United
I. NAME OF DECEASED (Type or Print) ELIZABETH GARMAN				2. DATE AND HOUR OF DEATH 23 April 1972				
		TIMORE, MARYLAND, W			4. USUAL RESIDENC A. STATE B.			sidence before odmission
HOINS	SPITAL OR	(IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTITU	UTION, GIVE STREET	c. CITY OR TOWN Baltimore		D. INSIDE CITY LIA	
0	6004 E	astern Avenue	21224		E. STREET AND NUM	BER ern Avenue	27.224	NO [
5. SI	ex emale	6. RACE Caucasian	7- MARRIED	NEVER MARRIED DIVORCED	B. DATE OF BIRTH 5 August 18	9. AGE (tn y last birthday)		1 Yr. If Under 24 H Days Hours Min.
dane		working life, even if retired)	108, KIND OF	BUSINESS OR INDUSTR	Pennsylvan			EN OF WHAT COUNT
13. F	homa	as Marks			14. MOTHER'S MAIDI	t Hanna		
S. V Yes	Nos Deceased ,na ar unknown) NO	Ever in U. S. Armed For (II yes, give war ar date	rces? es af service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT Elizabeth G.	Taylor,60		Ave. 21224
CATIC	OTHER SIGNIF	CONDITION Iost, II EICANT CONDITIONS CO H BUT NOT RELATED TO TO ONDITION GIVEN IN PAR OPERATION 198. CON WAS PER	HE TERMINAL RT 1 (A).	(C)	20A. AUTOPSY? (Ye		S, WERE FINDINGS	
	OR CONTRIBU	NT WAS UNDERLYING TING TO CAUSE OF	1 21B	e, form, foctory, street	in or about 21C. WHERE office bldg., INJURY OCC	DID III I	n Baltimore City, give	
MEDIC	21 D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Yeor)	Wh		ile 🗆 🚽	ID INJURY OCCUR	1.	
	that (I) (we)	last saw the decease	ed alive an	marchi	7 19 72 view the body after of	and that in(my) (aur) apinion death	2 7 19 7 19 19 19 19 19 19 19 19 19 19 19 19 19
	23A. SIGNATU	Allest	1 Ch	AI AI	tending Med. ps. Director	Staff	23 B. DATE	25/72
	NAME (T)	Albert Che		DEGRE	23D. ADDRESS 6002 Easter	n Ave. 212	24 (City, town, or	/
ZHA.	REMOVAL (S	VIAIION, ZAD. DAIE	24C. N	WATE OF CEWELEKL OF C	KENNATOKI	Z4D. LUCATION	(City, fown, or	45.
) S A	burial	Specify) 26 Apr BY HEALTH DEPT.		k Lawn Cemete	2SC. FUNERAL DI	Baltimore	County, M	



VS 150-REV. 1/1/68

Such

11457	,	BALTIMORE CITY	HEALTH DEPARTMEN	IT	0.4000
BIRTH NO.	72 04093	CERTIFICA	TE OF DEAT	H REG. NO	72 04093
NAME OF DECEATY	GLENN	WILLIAMS	2. DAT	H- 26-72	16.50 P
3. PLACE IN BALTI	MORE, MARYLAND, WHERE PR	ONOUNCED DEAD		(Where deceased lived. If in	nstitution; residence before admission
FULL NAME OF HOSPITAL OR	(IF NOT IN HOSPITAL OR II ADDRESS OR LOCATION)	NSTITUTION, GIVE STREET	C. CITY OR TOWN BALTIHO		IDE CITY LIMITS?
TUNION	MEHO RIAL	HOSPITAL	E. STREET AND NUMB		VES AVE
	RACE 7. MAR	RIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hr. Months Doys Hours Min.
H	WIDO ATION (Give kind of work 10 B, KIN	WED DIVORCED	6-02-0		The Country of William Collins
done during most of wo	rking life, even if retired)		11. BIRTHPLACE (Stote o		12. CITIZEN OF WHAT COUNTR
Chief Plum 3. FATHER'S NAMI	ing Inspector E	Baltimore City	MARY		AMERICAN
S. PATHER S NAM	· ·		14. MOTHER'S MAIDEN	NAME	
	hn Williams ver in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	chlufter	ADDRESS
Yes, no or unknown)	of services of ser	SECURITY NO.		111110410	Same-
		219-05-0897 CAUSE OF DEAT	MARIE C. U	UILLIAMS	APPROXIMATE INTERVAL
DISEASES OR	NTECEDENT CAUSES CONDITIONS, if any, g abave cause (A) stating CONDITION last.		BRO VAS A CONSEQUENCE OF:	CULAR A	eci DENT
TO THE DEATH	ANT CONDITIONS CONTRIBUT BUT NOT RELATED TO THE TERMI NOTION GIVEN IN PART 1 (A).	NAL			
19A. DATE OF C	PERATION 198. CONDITION WAS PERFORMED	FOR WHICH OPERATION	20A. AUTOPSY? (Yes	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
U 21 A. ACCIDENT	WAS UNDERLYING ING CAUSE OF	21 B. PLACE OF INJURY (e.g., home, form, foctory, street, o	n or shout 21C. WHERE D	ID (If in Boltimor	re City, give exoct locotion)
21D. TIME (OF INJURY (APPROX.)	Month) (Doy) (Yeor) (Hour)	21 E. INJURY OCCURRED While At Not While Work At Work	e 🗀	D INJURY OCCUR?	
22. 1 certify t	hat (I) (this hospital) attend		4-16	19 72 ta	4-26 19 72
that (1) (we) 1	ast saw the deceased alive	on 4-26		nd that in(my) (aur) api	inian death occurred an the do
23A, SIGNATURI	-		Tow the body differ de	4111	23 B. DATE SIGNED
	lugy M. Coc	el destout DEGREE Phy	ending Med. S. Director	Shaff Phys.	4-26-72
23C. PHYSICIAN NAME (Typ	JUAN M.		23D. ADDRESS	Valt	
REMOVAL (Sp.		4C. NAME of CEMETERY OF CR	EMATORY 24	4D. LOCATION (C	ity, town, or county) (State)
Burial	4/29/72	Holy Rosary Come		Baltimore Ma	aryland
A PAIR KEC D B	PR 28 1972 76	es E. Naile N. A.	Leonard J.	Ruck Inc. 530!	5 Harford Rd. 2121

25C. FUNERAL DIRECTOR
Leonard J. Ruck Inc. 5305 Harford Rd. 21214 with properties wormand water land

ULI MAME OF MOSPITAL OR BETT OF MOSPITAL OR BALLIMOTE MOSPITAL OR	IT,	NAME OF DECEASE ype or Print)	DOYLE	13. K	yle B. Kelly	A	PRIL 24, 19	72 1	5.30
Coling Rown Dundalk D. Inside City Limits Salt Hore Death						A. STATE B. CO	Where deceased lived, If	institution; re	esidence before odm
E. STREET AND NUMBER 1928 CEDAR LANE 1928	H	OSPITAL OR	ADDRESS OR LOCA	AHONI		C. CITY OR TOWN Dur	ndalk D. II	_	
S. SEK Male White MARRIED NEVER MARRIED D. DATE OF BIRTH P. AGE By year Multiday 1 VI VI Multiday 1 VI Multiday 1 VI VI VI	1.1	3.5	HOME AND	D HOSP	ITAL	E. STREET AND NUMBER	3	YES [_]	NO []
SHIPPER Bethlehom Steel Co. PA, U.S. I.S. FATHER'S NAME I.S. AMOTHER'S MAIDEN NAME VIOLA GASTON I.S. WED Decessed Eve in U.S. Amod Forces? I.S. SOCIAL SECURITY NO. NO I.S. Amod Forces? I.S. SOCIAL SECURITY NO. I.S. INFORMANT WILE: 1928 Codar Lane ADDREW I.S. Amod Forces? I.S. SOCIAL SECURITY NO. I.S. SOCIAL		Male	White	WIDOWED	DIVORCED T	8. DATE OF SIRTH	9. AGE (In years lost birthday) 59	If Under Months	TYr. If Under
Samuel Kelly Samuel Kelly Samuel Kelly Samuel Forces Samuel Kelly Samuel Forces Service Security Secur		SHIPPE	A man a sam it toutted)	Bethle	F BUSINESS OR INDUSTRY Shom Steel Co.	11. SIRTHPLACE (State or I	oreign country)		EN OF WHAT CO
15. West Deceased Ever in U. S. Armed Forces (Vest, no or unknown) (II) yes, give wor or doles of service) 16. SOCIAL (Vest, no or unknown) (III) yes, give wor or doles of service) 132-07-3000 17. INFORMANT WITE: 1928 Cedar Lane ADDRE (Vest, no or unknown) (III) yes, give wor or doles of service) 132-07-3000 17. INFORMANT WITE: 1928 Cedar Lane ADDRE (Vest, no or unknown) (IV) yes, give wor or doles of service) 132-07-3000 18. INFORMANT WITE: 1928 Cedar Lane ADDRE (Vest, no or unknown) (IV) yes, give wor or doles of service) 132-07-3000 18. INFORMANT WITE: 1928 Cedar Lane ADDRE (Vest, no or unknown) (IV) yes, give wor or doles of service) 18. INFORMANT WITE: 1928 Cedar Lane ADDRE (Vest, no or unknown) (IV) yes, give wor or doles of service) 18. INFORMANT WITE: 1928 Cedar Lane ADDRE (Vest, no or unknown) (IV) yes, give wor or doles of service) 18. INFORMANT WITE: 1928 Cedar Lane ADDRE (Vest, no or unknown) (IV) yes, give wor or doles of service) 18. INFORMANT WITE: 1928 Cedar Lane ADDRE (Vest, no or unknown) (IV) yes, give wor or doles of service) 1928 Cedar Lane ADDRE (Vest, no or unknown) (IV) yes, give wor or doles of service) 1928 Cedar Lane ADDRE (Vest, no or unknown) (IV) yes, give in graph (IV) yes, give yes, give wor or doles of service) 1928 Cedar Lane ADDRE (Vest, no or unknown) (IV) yes, give yes, give wor or doles of yes, give wor or doles of yes, give yes, gi	13.					14. MOTHER'S MAIDEN	IAME		
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TANDAM MADE LINE MADE	MEDICAL CERTIFICATI	DISEASES OR CONTISE IN THE DEATH BUT DISEASE OR CONDITION THE DEATH BUT DISEASE OR CONDITION TO THE DEATH BUT DISEASE OR CONDITION TO THE DEATH IN THE DISEASE OR THE DIS	CEDENT CAUSES ONDITIONS, if over cause (A) NOITION last. II CONDITIONS CON- NOT RELATED TO TH- ION GIVEN IN PART ATION 198. CONT WAS PERF- US UNDERLYING (CAUSE OF oll examiner) Ith) IDoy) (Year) Ith IDoy) (Year)	NTRIBUTING IE TERMINAL I (A). 21B. hom etc. (Houd 21E. Whi Wor attended th	OBESTTY WHICH OPERATION PLACE OF INJURY (e.g., in, foctory, street, of injury occurred at white the control of the control o	POLYCYTHEMIA 20A. AUTOPSY? (Yes or NO In or obout 21C, WHERE DID lice bidg., INJURY OCCUR? 21F. HOW DID IN 1972. and lew the bady after death ording Med. Director	No) 20B. IF YES, WERE IN CERTIFYING C. (If In Bollimon of the state o	E FINDINGS (AUSES OF DIOTE City, give	UNKNOWN_S UNKNOWN CONSIDERED EATH? exoct location! 3 4 19 7 accurred an the
PEADVAL (SEMATION, 248, DATE 24C, NAME of CEMETERY of CREMATORY 24D, LOCATION (City town or control	MEDICAL CERTIFICATI	DISEASES OR CONTISE IN THE DEATH BUT DISEASE OR CONDITION THE DEATH BUT DISEASE OR CONDITION TO THE DEATH BUT DISEASE OR CONDITION TO THE DEATH IN THE DISEASE OR THE DIS	CEDENT CAUSES ONDITIONS, if over cause (A) NOITION last. II CONDITIONS CON- NOT RELATED TO TH- ION GIVEN IN PART ATION 198. CONT WAS PERF- US UNDERLYING (CAUSE OF oll examiner) Ith) IDoy) (Year) Ith IDoy) (Year)	NTRIBUTING IE TERMINAL I (A). 21B. hom etc. (Houd 21E. Whi Wor attended th	OBESTTY WHICH OPERATION PLACE OF INJURY (e.g., in, foctory, street, of injury occurred at white the control of the control o	POLYCYTHEMIA 20A. AUTOPSY? (Yes or NO nor obout 21C, WHERE DID lice bidg., INJURY OCCUR? 21F. HOW DID IT 4 - 21 - 19 72 and and the bady after death lice bidg. Director 3D. ADDRESS	No) 20B. IF YES, WERE IN CERTIFYING C. (If In Boltime NJURY OCCUR? 19 72 ta that In (my) (aur) ap Shaff Phys.	E FINDINGS (AUSES OF DID OF City, give	UNKNOWN.S UNKNOWN CONSIDERED EATH? exoct location! 24 19 7 accurred an the
Burial 4/27/72 Gardens of Faith Cemetery Baltimore, Maryl	MEDICAL CERTIFICATI	DISEASES OR CONTISE IN THE DEATH BUT DISEASE OR CONDITION THE DEATH BUT DISEASE OR CONDITION TO THE DEATH BUT DISEASE OR CONDITION TO THE DEATH BUT DISEASE OR CONDITION TO THE DEATH INDIVISION TO THE DEATH INDITION TO THE DEATH INDITION TO THE DEATH INDITION TO THE DEATH INDITION TO THE DISEASE OR CONTRIBUTION TO THE DEATH INDITION TO THE DISEASE OR CONTRIBUTION TO THE	CEDENT CAUSES ONDITIONS, if ove cause (A) NDITION last, II CONDITIONS CON NOT RELATED TO THE ION GIVEN IN PART ATION 198. CONT WAS PERF AS UNDERLYING ICAUSE OF of examined th) IDoy) (Year) The causes state RUST UM N, 1248. DATE	NTRIBUTING IE TERMINAL I J (A). CHOULD 21 E. Whi Wor Attended the Static and th	OBESTTY OBESTTY WHICH OPERATION PLACE OF INJURY (e.g., in e.g., form, foctory, street, of INJURY OCCURRED INJURY OCCURRED INJURY OCCURRED At Work At Work The deceased from Office of the Atlanta	POLYCYTHEMEA 20A. AUTOPSY? (Yes or NG) In or obout 21C. WHERE DID fice bldgs, INJURY OCCUR? 21F. HOW DID IT 4-22- 19-72 and lew the bady after death adding Med. Director D 3D. ADDRESS CHURCH A	No) 20B. IF YES, WERE IN CERTIFYING C. (If In Boltime NJURY OCCUR? 19 71 ta that In (my) (aur) ap Staff Phys.	e FINDINGS (AUSES OF DI Dre City, give	UNKNOWN. UNKNOWN CONSIDERED EATH? exoct location! 34 19 7 accurred an the SIGNED 24 - 197

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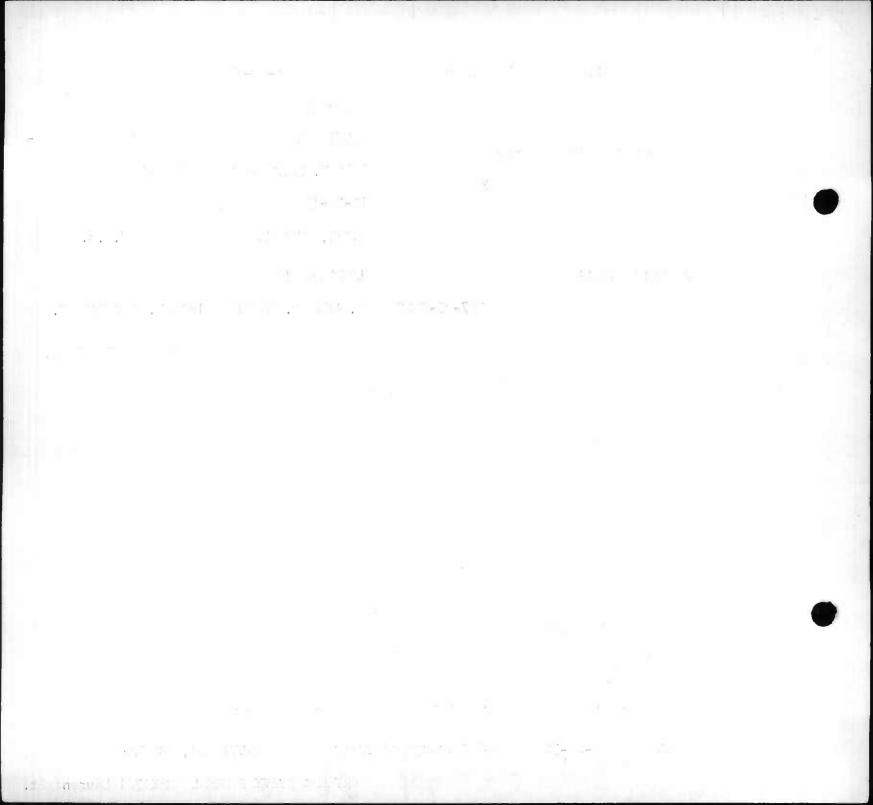
and a great of the second

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	50 d t d
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
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**	2.35.20
FUNERAL DIRECTOR: IMPORTANT	a con
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	This certificate must be a the body was released to shows: (1) An accident of was D.O.A. at a hospital deceased prior to death) written approval must be
	D. S. D.
	as a single of the single of t
	* # # \$ 4 8

VS 150-REV. 1/1/68

	Y HEALTH DEPARTMENT
BIRTH NO. 72 04095 CERTIFICA	ATE OF DEATH REG. NO. 72 04095
1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH
OBIE (OBBIE) HARRIS	4-25-72
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived. II institution: residence before admission) A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	MARYLAND 2001
INSTITUTION	C. CITY OR TOWN D. INSIDE CITY LIMITS?
DON CECOURS HOSPITAL	BALTIMORE YES X NO
BON SECOURS HOSPITAL	
5. SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years II Under 1 Ye . If Under 24 Hrs.
M B WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE (In years III Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRI	11. BIRTHPLACE (Stote or loreign country) 12. CITIZEN OF WHAT COUNTRY
Some coming most of working me, area a realized)	MACON, GEORGIA U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
JOHNNIE HARRIS	LUCY HARRIS
15. Wes Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO	17- INFORMANT ADDRESS
257-07-7222	MRS. LEAH C. HARRIS 1814 W. FAYETTE ST.
18.24/2 . 2 CAUSE OF DEAT	H APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY	many artery disease BETWEEN ONSET AND DEATH
(A) IMMEDIATE CA	USE O O O O
heart failure, asthenia, etc. It means the disease, injury or complication which caused deoth.)	A CONSEQUENCE OF:
ANTECEDENT CAUSES	a conference
(B)	A CONSEQUENCE OF:
rise to the abave cause (A) stating the	The second secon
UNDERCTING CONDITION lost. (C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	18
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	**************************************
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 199A. DATE OF OPERATION 199B. CONDITION FOR WHICH OPERATION WAS PERFORMED 121B. PLACE OF INJURY (A).	20A. AUTOPSY2 (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
U 21A, ACCIDENT WAS UNDERLYING 218, PLACE OF INJURY (e.g.,	700
OR CONTRIBUTION OF THE PROPERTY OF THE PROPERT	in or about 21 G. WHERE DID fice bldg, INJURY OCCUR? (If in Boltimore City, give exact location)
DEATH (notify medical examiner) O 21D-TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While At The Not Wall	
S OF INJURY (APPROX.) While At Not Whil	21F. HOW DID INJURY OCCUR?
Work LJ At Work	
22. I certify that (I) (this hospital) attended the deceased from that (I) (we) last saw the deceased olive an April 25	April 6 19 72 to April 25 19 72
ond hour and from the couses stated abave. (1) (We) (did) (did not)	the date
23A. SIGNATURE	238, DATE SIGNED
Athere Salvages Gold Athere	anding Med Staff / / 27 / 72
23C. PHYSICIAN'S	23D. ADDRESS
W. K. Gallager, Jr., M.D.	3455 Wilkens Avenue - Baltimore, Md. 21229
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CRI	
BURIAL 4-29-72 MOUNT AUBURN CE	THE PARTY OF THE P
25A. DATE REC'D BY HEALTH DEPT. 25R. NAME OF REGISTRAR	METERY BALTIMORE, MARYLAND 25C. FUNERAL DIRECTOR ADDRESS
APR 28 1972 Waber E. Jacken M. D.	MORTON & DYFAT FUNERAL HOME 1701 Laurens St

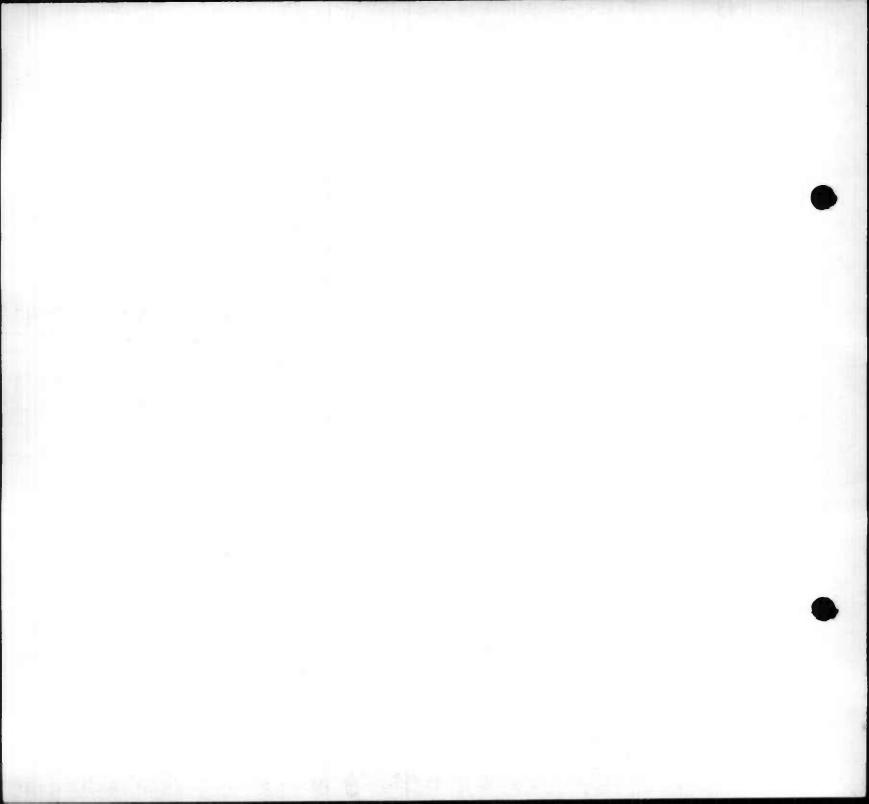
& DYFAT FUNERAL HOME 1701 Laurens St.



BALTIMORE	CITY	HEALTH	DEPARTME	MI

REG. NO	72	U	4	G	96	

Such		ATE OF DEATH REG. NO. 12 U4U96
) =	(Type or Print) EUGENE ENNIS	2. DATE AND HOUR OF DEATH 4/25/72 9 19:15 4
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE B. COUNTY
attendance ior to deat	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION	C. CITY OR TOWN D. INSIDE CITY LIMITS?
	SINAL HOSPITAL OF BALTIMORE	E. STREET AND NUMBER 2 000 RGISTERS TOWN RD. 21215
0 0	5. SEX 6. RACE 7. MARRIED NEVER MARRIED	IS DATE OF BIRTH IN AGE III.
regul eased is ma	MIDOWED DIVORCED	1-4-14 -7
	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTR' done during most of working life, even if retired)	12/
as e d	13. FATHER'S NAME	DALTIMO Le, Md. U.S.A.
th was in in the dec	Willia Endic	1111
80-	15. Was Deceased Ever in U. S. Armed Forces? (Yesono or unknown) (If yesonive way or dates at service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
Find	No 219-03-0721	PEAV Green - 2850-OAKley Ave 21215-
nda	18. / 6 of 1 CAUSE OF DEAT	TH APPROXIMATE INTERVAL
attend med o	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	
		A CONSEQUENCE OF:
2 5	injury at complication which caused death.) ANTECEDENT CAUSES	0
who aree	DISEASES OR CONDITIONS, if one, giving DUE TO, OR AS	S A CONSEQUENCE OF:
- 0	rise to the above couse (A) stating the UNDERLYING CONDITION lost. (C)	
ne physician sician was ir the remains		**************************************
in v	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 1994. DATE OF OPERATION 1995. CONDITION FOR WHICH OPERATION WAS PERFORMED 214. ACCIDENT WAS UNDERLYING 1	
icic the	DISEASE OR CONDITION GIVEN IN PART 1 (A). 1994 DATE OF OPERATION 1982 CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
- >0	21A ACCIDENT WAS TINDERLYING 1	
000	U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., home, form, foctory, street, a etc.)	in or obout 21C, WHERE DID (If in Boltimore City, give exact location)
3 0	DEATH (notify medical axamined looy) (Yea) IHoud 21E INJURY OCCURED While At The Wall	21F. HOW DID INJURY OCCUR?
(except w and (6) h obtained	Wark At Work	l° 🔲
	22. I certify that (I) (this hospital) attended the deceased from	3/27 19 72 to 4-25 19 72
b to	that (1) (we) last saw the deceased alive on 4/25 ond hour and from the couses stated above. (1) (We) (did) (did not)	19 72 ond that in (my) (our) opinion death occurred on the date
hospital to death)	23A. SIGNATURE	/lew the body offer deoth.
n ~ 1	Brown Phy	anding Med. Staff 9 4/25/72
rior t	23C. PHYSICIAM'S NAME (Type)	23 D. ADDRESS
A b	ELLA T SUTTON M. P. 24A-BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY OF CALL	Sinas Horp of Balto.
was D.O.A. at a f deceased prior to written approval	Division (1) 18-75 Del-	D. 2 1. h-1
ritt	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25c. JUNERAL DIRECTOR ADDRESS
	APR 28 1972 Robert E. Jabon 182	Moetono Diett F.H. 1701-Lourens St.
	13 13V-Nu 10 1/1/00	

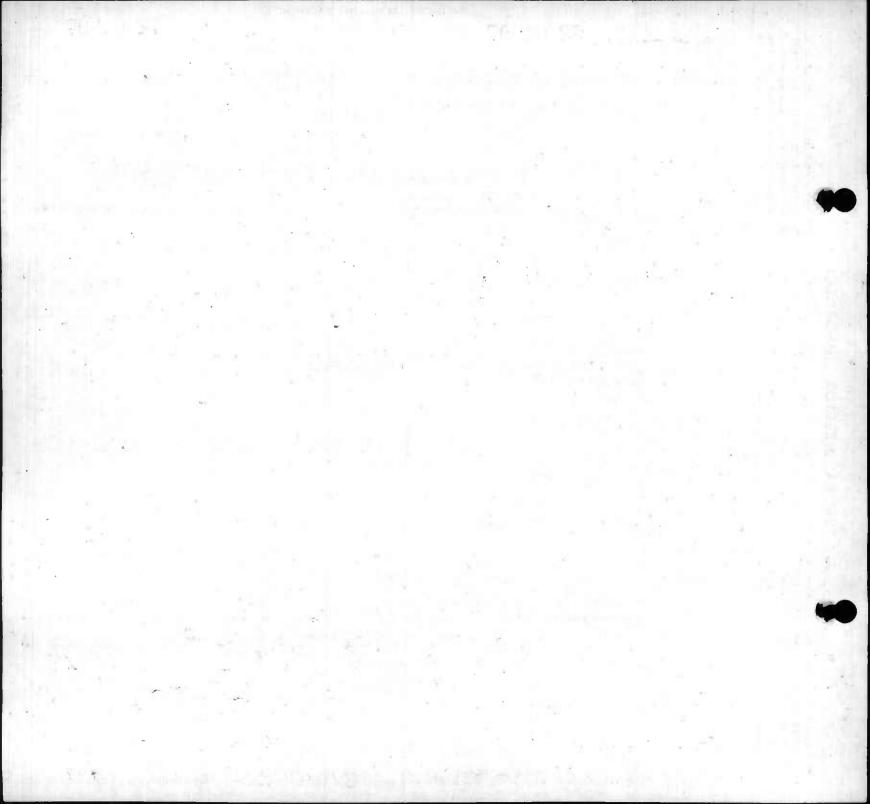


the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

1	BALTIMORE CITY HEALTH DEPARTMENT	
-	DENTH NO. 72 04097 CERTIFICATE OF DEATH REG. NO. 72 0	4097
	1. NAME OF DECEASED (Type or Print) 2. DATE AND HOUR OF DEATH 4 - 14 - 7 1	
3. I	3. PLACE IN BALTIMORE, MARYLAND WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived. If institution: resider	nce before odmission)
U	ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	802
	D. INSIDE CITY LIMITS C. CITY OF TOWN PER PE	? NO 🗍
	E. STREET AND NUMBER	
1	7200 Maine Ave. 14200 Maine Ave. 2	1207
S	SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lost birthdoy) Months Doy:	r. If Under 24 Hrs. s Hours Min.
	. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country) 12. CITIZEN (DE WHAT COUNTRY
1	Housewife Maryland M.	S.A.
.	FATHER'S NAME	
1	Ferndand F. Noel Mary?	
es	cs, no grunknown] (If yes, give wor or dates of service) 16. SOCIAL SECURITY NO.	DRESS
_	CAUSE OF DEATH	INE AVE
	DISEASE OF CONDITION DIRECTLY	EN ONSET AND DEATH
	LEADING TO DEATH	acox mine
	(This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF:	
	injury or complication which caused death.) ANTECEDENT CAUSES	
	DISEASES OR CONDITIONS, if ony, giving (8) DUE TO, OR AS A CONSEQUENCE OF:	
	rise to the obove couse (A) sloting the UNDERLYING CONDITION lost.	
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
CEKIIFICA	Sease or Condition Given in Part 1 (a). 198. Condition for which operation 198. Condition for which operation 20A. Autopsy? (Yes or No.) 20B. If Yes, were findings Condition 20A. Autopsy? (Yes or No.) 20B. If Yes, were findings Condition 20A. Autopsy? (Yes or No.) 20B. If Yes, were findings Condition 20A. Autopsy? (Yes or No.) 20B. If Yes, were findings Condition 20A. Autopsy? (Yes or No.) 20B. If Yes, were findings Condition 20A. Autopsy? (Yes or No.) 20B. If Yes, were findings Condition 20A. Autopsy? (Yes or No.) 20B. If Yes, were findings Condition 20A. Autopsy? (Yes or No.) 20B. If Yes, were findings Condition 20A. Autopsy? (Yes or No.) 20B. If Yes, were findings Condition 20A. Autopsy? (Yes or No.) 20B. If Yes, were findings Condition 20A. Autopsy? (Yes or No.) 20B. If Yes, were findings Condition 20A. Autopsy? (Yes or No.) 20B. If Yes, were findings Condition 20A. Autopsy? (Yes or No.) 20B. If Yes, were findings Condition 20A. Autopsy? (Yes or No.) 20B. If Yes, were findings Condition 20A. Autopsy? (Yes or No.) 20B. If Yes, were findings Condition 20A. Autopsy? (Yes or No.) 20B. If Yes, were findings Condition 20A. Autopsy? (Yes or No.) 20B. If Yes, were findings Condition 20A. Autopsy? (Yes or No.) 20B. If Yes, were findings Condition 20A. Autopsy? (Yes or No.) 20B. If Yes, were findings Condition 20A. Autopsy? (Yes or No.) 20B. If Yes, were findings Condition 20A. Autopsy? (Yes or No.) 20B. If Yes, were findings Condition 20A. Autopsy? (Yes or No.) 20B. If Yes, were findings Condition 20A. Autopsy? (Yes or No.) 20B. If Yes, were findings Condition 20A. Autopsy? (Yes or No.) 20B. If Yes, were findings Condition 20A. Autopsy? (Yes or No.) 20B. If Yes, were findings Condition 20A. Autopsy? (Yes or No.) 20B. If Yes, were findings Condition 20A. Autopsy? (Yes or No.) 20B. If Yes, were findings Condition 20A. Autopsy? (Yes or No.) 20B. If Yes, were findings Condition 20A. Autopsy? (Yes or No.) 20B. If Yes, were findings Condition 20A. Autopsy?	ISIDERED
	WAS PERFORMED IN CERTIFYING CAUSES OF DEAT	
	OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg, INJURY OCCUR?	ct locotion)
)		
MIE	OF INJURY (APPROX.) While At Not While At Not Work At Work	
	Will a state of the state of th	-24-1972
	that (1) (eve) last saw the deceased alive an 4-21-19-72 and that in(my) (aur) apinian death as	
	and haur and from the causes stated above. (1) (Wa) (did not) view the body after death.	
	23A. SIGNATURE 23B. DATE SIG	SNED 77
	Saveu Colle Degree Phys. Attending Med. Staff Director Phys. 4-2	-6/1
	23C. PHYSICIAN'S NAME (Type) RECORD (ALIA) 23D. ADDRESS Pylor Grave	2/2/6
44	14A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or cou	unty) (State)
1	Burial 4-28-12 Balto, National Cem. BALTIMORE.	Md.
25A	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR	ADDRESS 1.
1	APR 28 1972 16 50 E Nauben + 20 0 0 0 0 0 0 10 10 10 10 10 10 10 10 10	111. (970/11

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VS 150-REV. 1/1/68



FUNERAL DIRECTOR

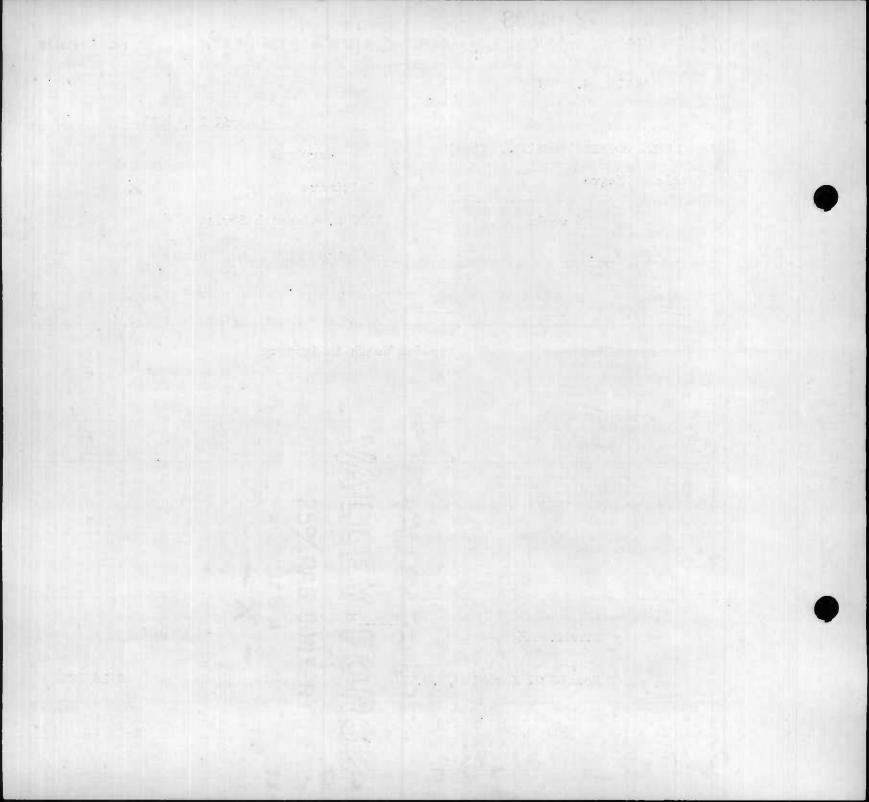
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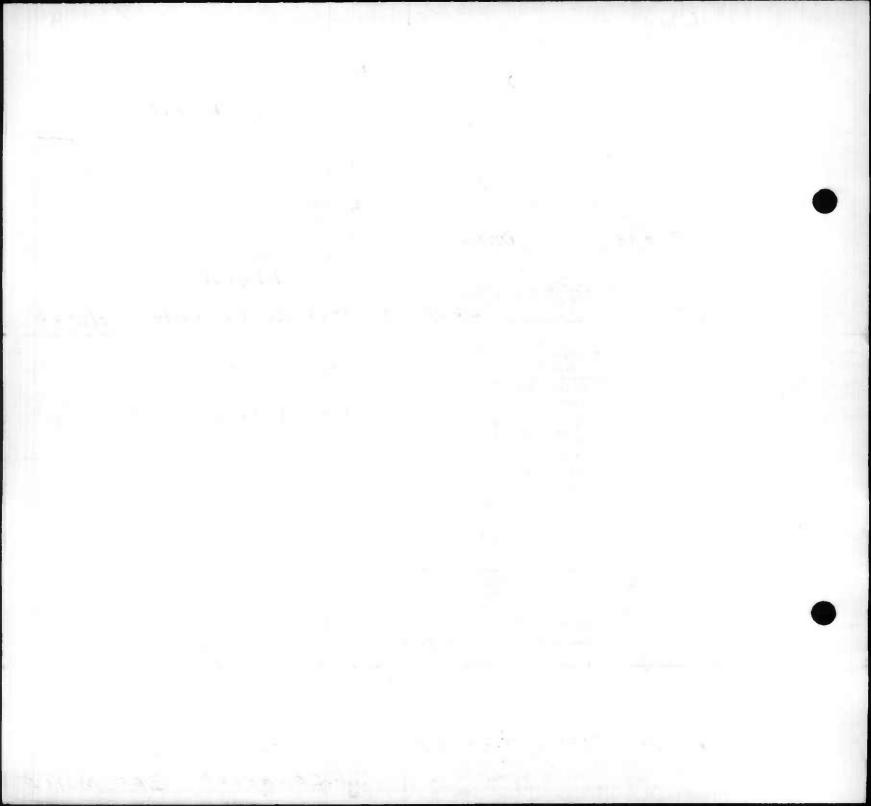
25A. DATE REC'D BY HEALTH DEPT.

258. NAME OF REGISTRAR



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	M-244	1 70 0	1000		Y HEALTH DEPARTMENT	_	72 04099
11	RTH NO.	72 0	1099	CERTIFIC	ATE OF DEATH	REG. NO	
I,	NAME OF DEC	A LITTLA	N.I.	710,7111		AND HOUR OF DEATH	1
3	PLACE IN BAL	MORE MARYLAND, V	HERE PRONO	DOROTHY UNCED DEAD	4. USUAL RESIDENCE (W	25 72 here deceased lived If	institution: residence before admission
11 8	ULL NAME OF	(IF NOT IN HOSPIT ADDRESS OR LOC	AL OR INSTIT	UTION, GIVE STREET	MD	BAT	TO.
ľ	UNIVER	SITY OF M	4D. 14	OSPITAL	E. STREET AND NUMBER	ON POINT	YES NO P
5.	SEX	6. RACE	7- MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	
	F	W	WIDOWED	DIVORCED	12/7/17	lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10	A. USUAL OCCU	PATION (Give kind of worl	10B KIND OF	BUSINESS OR INDUSTR	11. BIRTHPLACE (State or fo	reign country!	12. CITIZEN OF WHAT COUNTRY?
	CLE	FRK	DR	16	MD,		USA
13	FATHER'S NAM				14. MOTHER'S MAIDEN N.	AME	
	GEOR		-OTHE	RS	MARY L	YNCH	
15. (Y	Was Deceosed es, no or unknown!	Ever in U. S. Armed For	ces? s of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT	11,01.	ADDRESS
	No			216-07-580	15 UY M	ECLELL	AN DROVE
	18.43	0,71		CAUSE OF DEA		020.07	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		E OR CONDITION DI	RECTLY				
	(This does no heart failure,	of meon the mode of asthenio, etc. It means oblication which caused	the disease.	(A) IMMEDIATE CA DUE TO, OR AS	USE SUBARACH A CONSEQUENCE OF:	NOID HELL	ORRHAGE dy.
	10.7	NTECEDENT CAUSES		0.000	FIN AMENAUS	ALC MINIT	CARDOTTO YES.
	DISEASES O	R CONDITIONS, H	any, giving	DUE TO, OR A	TID ANEURYS	M2 (F) 1101	CARDTO YES.
H	UNDERLYING	above cause (A) CONDITION lost	sloling lhe	(c)			
$\ $ _		11		(//			
NO.	OTHER SIGNIFIC	CANT CONDITIONS COL	TRIBUTING				
CAI	DISEASE OR CO	NDITION GIVEN IN PAR	[1 /A]	Allell College	104		
CERTIFICATION		WAS PERF	ORMED	VAICH OPERATION	No	IN CERTIFYING CA	FINDINGS CONSIDERED
EDICAL CI	OR CONTRIBUT	F WAS UNDERLYING ☐ ING ☐ CAUSE OF nedicol exomines)	218. hometc.)	e, farm, foctory, street, c	n or obout 21 C. WHERE DID INJURY OCCUR?	(If In Boltimo	re City, give exact location)
MED	OF INJURY	(Month) (Doy) (Year)		INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
	(APPROXI		Worl				
	22. I certify t	hat 🚷 (this hospital)	attended th		4/21	19 72 to	4/25 19 72
	1	ast saw the decease		4129	manage of the second	hat In (my) (aur) op!	nian death accurred an the date
	and haur and 23A. SIGNATUR	from the causes stat	ed abave.	(We) (did) (HA)	lew the bady after death.		
	781	Barnett	/	DEGREE Phy	nding Med.	Staff Phys.	23 R. DATE SIGNED 4/25/72
	NAME (Ty	LB BARIO	VETT	MD	23D. ADDRESS	esity 4	40 SP 1997 -
24/	REMOVAL (Sp	ATION, 24B. DATE	24C, NA	ME of CEMETERY of CR		- 6	ity, town, or countyl (State)
	BURIN	7 L/27/2		AK LAWI		ALTO. M	hD.
25/	APR 28 1	972	25 NAME O	F REGISTRAR	J.G. CONI	K	VDDKE22
VS	150-REV. 1/1/61				+ 0 U 1 +	1	300 MALE



25C. FUNERAL DIRECTOR

Glen Burnie, Maryland

Balto.

George J. Gonce, 4001 Ritchie Hgwy

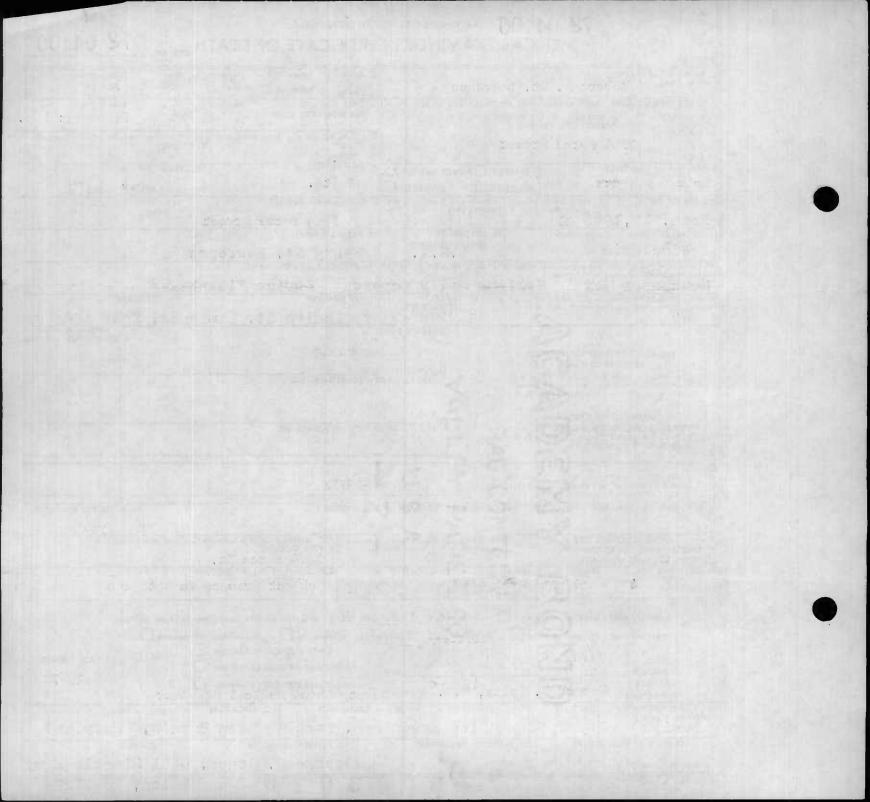
ADDRESS

Burial

VS 151-REV. 3/1/68

25A. DATE REC'D BY HEALTH DEPT.

25B. NAME OF REGISTRAR



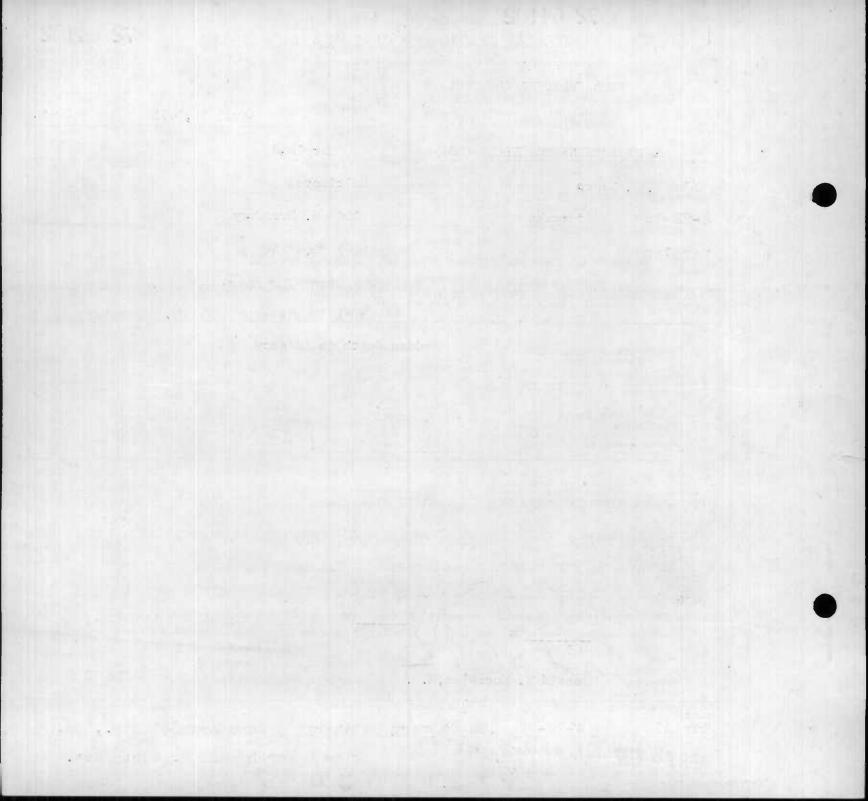
was D.O.A. at a haspital (except where the physician who pronaunced death was in regular attendance an the deceased priar to death); and (6) No physician was in regular attendance on the deceased priar to death. Such written apprayal must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a haspital and the bady was released to the haspital by a medical examiner. Also, if the direct or cantributing cause of death shaws: (1) An accident of any nature; (2) Bady burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

M-420 72 0411	7.4	Y HEALTH DEPARTMENT	72 04105
BIRTH NO.	CERTIFICA	ATE OF DEATH	15 11
(Type or Print) Mills Laure	wayne	2. DATE AND HOUR OF DEATH,	4/21 858 2 2 2 14
3. PLACE IN BALTIMORE, MARYLAND, WHERE PR	ONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If inst	litution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR IN HOSPITAL OR ADDRESS OR LOCATION)	ISTITUTION, GIVE STREET	MARYLAND WASHINGT	ON 7/60
INSTITUTION		C. CITY OR TOWN HAGERSTOWN	E CITY LIMITS?
THE JOHNS HOPKINS	HOSPITAL	E. STREET AND NUMBER	AER K NA MA
23		619 GEORGE STREET	
S. SEX G. RACE WIDON	WED DIVORCED	6-24-59 9. AGE (In years 12	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A. USUAL DCCUPATION (Give kind of work 10B, KIN) done during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole of foreign country)	12. CITIZEN OF WHAT COUNTRY?
Student	School	Hagerstown, Md.	USA
13. FATHER'S NAME		14 MOTHER'S MAIDEN NAME	
LAUREN MILLS		BARBARA MORNINGSTA	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of servi	ce) 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
	None	Mr. L. D. Mills 619 George St.	
18.2 75.01	CAUSE OF DEAT	Н	SETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		Resource Amet	
(This does not mean the mode of dying, heart failure, asthenia, etc., it means the disc	e.g., (A) IMMEDIATE CAI	A CONSEQUENCE OF:	***************************************
injury at camplication which caused death.)			
ANTECEDENT CAUSES	(B)	Ps cudo Menas PN cumen; a	•
DISEASES OR CONDITIONS, if any, girise to the above cause (A) stating	ving DUE TO, OR AS	A CONSEQUENCE OF: Agamma glusuleminat.	
UNDERLYING CONDITION lost.	(c)	Agamma gusuralini	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).		roné	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19B. CONDITION F WAS PERFORMED	OR WHICH OPERATION	20 A. AUTOPSYT (Yes or No.) 20 B. IF YES, WERE FILL IN CERTIFYING CAUS	NDINGS CONSIDERED SES OF DEATH?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTINO CAUSE OF DEATH (notify medical examiner)	218. PLACE OF INJURY (e.g., home, form, factory, street, o	in or about 21C, WHERE DID III in Baltimore	City, give exact location)
O 210-TIME Month! (Doy) Year! (Hour)	21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
[APPROXI	While At Not While At Work		
22. I certify that (I) (this hospital) attended	ed the deceased from	4/12 19 72 10	4/24 1972
that (1) (we) last saw the deceased alive	.11.		on death occurred on the date
and hour and from the couses stated above	e. (1) (We) (did) (did not) v		
23A. SIGNATURE)	DEGREE Phy	anding Med. T Staff	38 DATE SIGNED 4/21/72
23C.PHYSICIANS NAME (Type) Robert Le	evy, M.D.	23D. ADDRESS The Johns Haskins Haspital Re	1/2 Md 3/205
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	C. NAME of CEMETERY of CR	EMATORY 240. LOCATION ICity.	lown, or county! 1State!
Burial 4/27/72	Rest Haven Cer	metery Hagerstown-Wash	ington-Md.
	ME OF REGISTRAR	Rest Haven Juneral Chapel	TO ADDRESS
VS 150-REV. 1/1/68	1 -69 1/2	3096	

SJUIN REEUKS

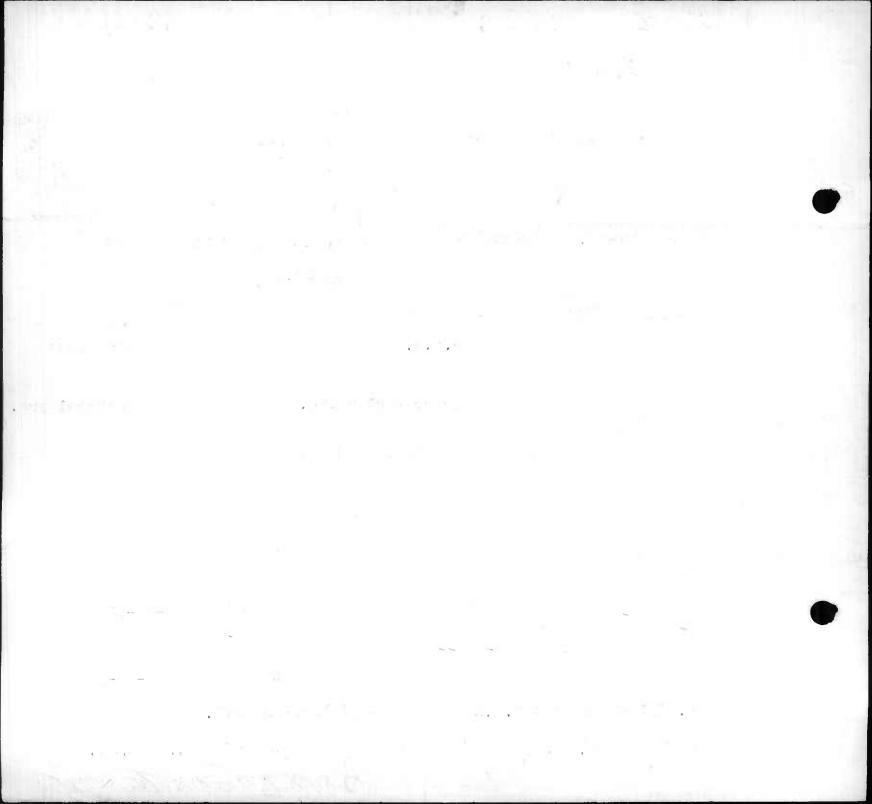
LATERAL PORTLANDS

VS 151-REV. 1/1/68



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	
This certificate must be approved by the body was released to the hosp shows: (1) An accident of any naturates D.O.A. at a hospital (except west D.O.A. at a hospital (except weitten approval must be obtained	

	V-226 72 041	BALTIMORE CITY	HEALTH DEPARTMENT	179	04103
	BIRTH NO.	CERTIFICA	TE OF DEATH	REG. NO.	041.00
	1. NAME OF DECEASED	/ a A	2. DATE AN	D HOUR OF DEATH	735
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (Where	e deceosed lived II institu	100: residence below admission
	FULL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)	STITUTION, GIVE STREET	Mp.		202
5/	PARK HILL NURSING	Home	BALTIMORE	D. INSIDE (S DT NO []
			E. STREET AND NUMBER	0	- 120
	5. SEX 6. RACE 7. MARR	ED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years III	Under 1 Yr., If Under 24 Hrs.
	FEMALE CAUCASIA) WIDOW	ED DIVORCED	12/22/13	lost birthdoyl Me	onths Doys Hours Min.
	10A. USUAL OCCUPATION (Give kind of work 10B. KIND done during most of working life, even il retired)		11. BIRTHPLACE (State or forei	gn country) 12	CITIZEN OF WHAT COUNTRY?
	Steno grapher-ret. Gene	ral Office	1SALTIMOR	Mp.	USA
	Taura Karana		44 6 1	,	
	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (II yes, give wor or dotes of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	UNKNOWN None	212-05-9891	Eva Kozu	A.	
	18.436 / I DISEASE OR CONDITION DIRECTLY	CAUSE OF DEATH			APPROXIMATE INTERVAL
	LEADING TO DEATH	C.V.A.	SE .		immediate
	(This does not meen the mode of dying, a heart failure, asthenia, etc. It means the disec injury or complication which caused death.)	1 / / / / / / / / / / / / / / / / / / /	CONSEQUENCE OF:	***************************************	***************************************
	ANTECEDENT CAUSES	arteries	cleresis.		several yrs.
	DISEASES OR CONDITIONS, if ony, giv	ing DUE TO, OR AS	A CONSEQUENCE OF:	***************************************	***************************************
	UNDERLYING CONDITION last.	(c)	***************************************		
	O THER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).	IG			
		DR WHICH OPERATION			***************************************
	WAS PERFORMED	WHICH OPERATION	20A-AUTOPSY? (Yes or No)	IN CERTIFYING CAUSES	OF DEATH?
	OR CONTRIBUTING CAUSE OF DEATH (notify medical examined)	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, off etc.)	or obout 21 C. WHERE DID ce bldg., INJURY OCCUR?	(If In Boltimore City	y, give exect location)
	S OF INJURY	While At Not While	21F. HOW DID INJU	RY OCCUR?	
Work At Work					
	that (1) (we) lost saw the deceased alive o			t in (my) (our) aninian	
and hour and from the courses staved above. (1) (We) (did) (did not) view the bady after death.					death decorred on the gare
	23 A. SIGNATURE	Atten	diam management	-# -	DATE SIGNED
	23C. PHYSICIAN'S NAME (Type)	DEGREE Phys.	Director X P	hys. 4	-25-72
.	E. BLLSWORTH COOK M.	D. D DEGREE	2431 MARYLANI	AVE.	
2	24A. BURIAL CREMATION, 24B. DATE 24C.	NAME OF CEMETERY OF CREA	MATORY 24D. LO		wn, or county) (Stote)
1 2	Burial Apl. 29, 1972	Holy Rosary (emetery Germ	anhill Rd., Ba	
	MAY 1 - 1972 Pale & 3. 1	76000	250 FUNERAL DIRECTOR	20 Som	ADDRESS Just
V	'S 150-REV. 1/1/6B		Hamy June	CX COMPA /	vouvely run.



RGB

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death

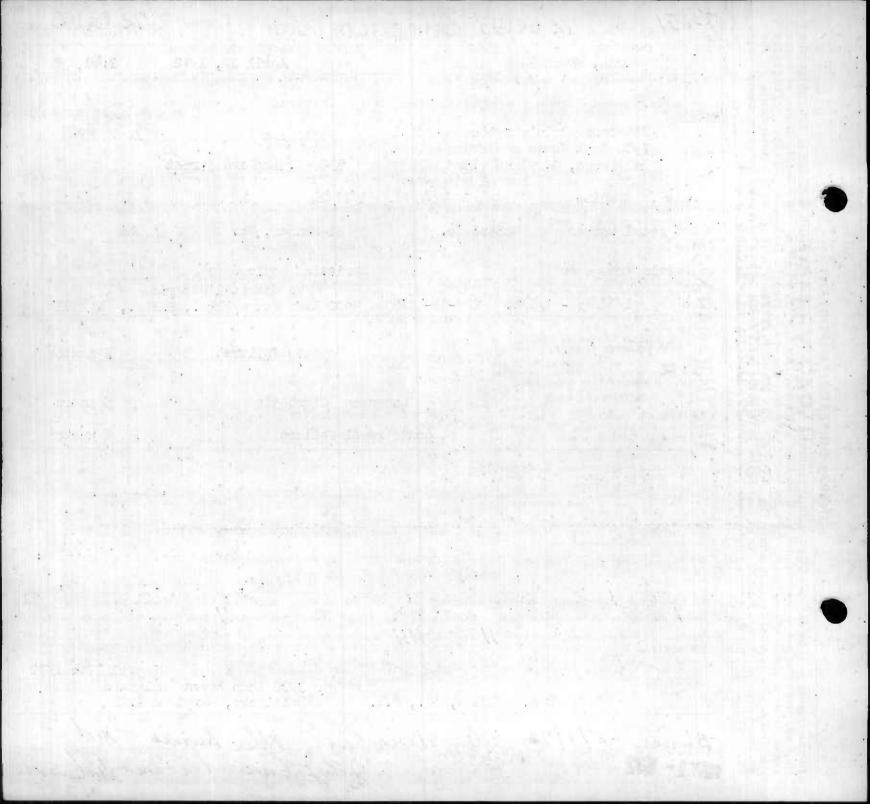
3. FLHN shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. S. 10 do 15 AAEDIC AL CEPTIEIC ATION

2		BALTIMORE CITY	HEALTH DEPARTMENT		72 04104				
KIH NO.	2 04104	CERTIFICA	TE OF DEATH	REG. NO	140 0 140 1				
ype or Print) OSCE	ar Shivers			pril 26, 19	72 3 A _M .				
PLACE IN BALTIMORE, MARYLAN	ID, WHERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (Who		nstitution: residence before admission)				
ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET OSPITAL OR ADDRESS OR LOCATION)			Md. c. CITY OR TOWN Ellicott Ci	Found D. INS	IDE CITY LIMITS?				
US Public Health S	Service Ho	spital		- W	YES NO A				
3100 Wyman 1			•	Hebron Drive	e 21043				
M 6. RACE Negro		NEVER MARRIED A DIVORCED	5/6/95	9. AGE (In years lost birthday)	Months Doys Hours Min.				
A. USUAL OCCUPATION (Give kind- ine during most of working life, even if re Laborer	tired)	F BUSINESS OR INDUSTRY	SC	eign country)	USA				
FATHER'S NAME	1 17	101-7	14. MOTHER'S MAIDEN NA	ME					
? VNI	TNOWN	114 cociai	?	UNKNOW	ADDRESS				
. Was Deceased Ever in U. S. Armes, no or unknown) (If yes, give wor of Yes ? USA	or dotes of service) WW I	16. SOCIAL SECURITY NO. 218-30-569		PHS Hospita	1, Balto, Md.				
18. 151.9		CAUSE OF DEATH	H		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
DISEASE OR CONDITIO			Monombonio						
(This does not meon the made		(A) IMMEDIATE CAU	SE Thrombosis in a consequence of:		a Hours				
heart failure, asthenia, etc. It m	neans the disease		A CONSEQUENCE OF	cava					
ANTECEDENT CA		Ade	nocarcinoma, me	etastatic to	Mos.				
DISEASES OR CONDITIONS,	il any, giving	(D)	A CONSEQUENCE OF: 11	rer	MOS.				
rise to the above cause UNDERLYING CONDITION (as	(A) stating the	954	nocarcinoma of		Mos.				
UNDERCTING CONDITION 10:	ST.	(c)Aue		5 CABACTI					
TO THE DEATH BUT NOT RELATED	ER SIGNIFICANT CONDITIONS CONTRIBUTING THE DEATH BUT NOT RELATED TO THE TERMINAL ASE OR CONDITION GIVEN IN PART 1 (A).			cemia	Weeks				
19A. DATE OF OPERATION 19B.		WHICH OPERATION	Yes	O) 208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?				
21A. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE O DEATH (notify medical examiner)	F 211	ne, form, foctory, street, of	n or obout 21 C. WHERE DID INJURY OCCUR?	(If In Boltimo	re City, give exect location)				
21D. TIME (Month) (Doy)	(Yeor) (Hour) 218	. INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?					
OF INJURY (APPROX.)	W	hile At Not While	e 🗍						
Work At Work									
22. I certify that (I) this haspital) attended the deceased from Mar. 15 19 72 to Apr. 26 19 72, that (I) (we) last saw the deceased alive an Apr. 26 19 72 and that In(my) (aur) apinlan death accurred an the date and haur and from the causes stated above. (I) (We) (did) (did /g/) view the body after death.									
					10 L Decrete Phys. Branch Light Land Land Land Land Land Land Land Land				
					23C. PHYSICIAN'S NAME (Type)	· Yu	/	23D. ADDRESS	
Vija . Bauer, Sr. Surgeon US PHS Hospital, Balto, Md. 21211 A. BURIAL CREMATION, [24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stote)									
REMOVAL (Specify) H-28-12 Good ShePhand Ellicott C.T., Md 21043 SA. DATE REC'D BY HEALTH DERT. ADDRESS SALVE TO BY HEALTH DERT. SALVE TO BY HEA									
A. DATE REC'D BY HEALTH DERT.		OF REGISTRAR	25C. FUNERAL DIRECTO	R	ADDRESS				
MAY 1 - 1972 Value	S C. VALDE	7.0	SLACK FU	NEAD HOME	Ellicott Eny				
150-REV. 1/1/6B	, ,	dies to the	3099						

THE SHOP IN STREET AND ADDRESS OF THE SHOP REAL PROPERTY. And the second of a least that I was a second of the secon

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

1:-1		HEALTH DEPARTMENT	FO 01105		
	.05 CERTIFICA				
(Type of Print) RUMPOWER, EDWIN E		April 27, 1972			
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	4, USUAL RESIDENCE (Where deceosed lived. II	institution: residence before admission)		
FULL NAME OF (IF NOT IN HOSPITAL OR IN HOSPITAL OR ADDRESS OR LOCATION)	STITUTION, GIVE STREET	Maryland C. CITY OR IOWN D. II	NSIDE CITY LIMITS?		
Veterans Administr	ation Hospital	Baltimore	YES NO		
3900 Loch Raven Bo		E. STREET AND NUMBER			
Baltimore, Marylan		1308 W. Lombard Street			
5. SEX 6. RACE 7. MARK	NED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH 9. AGE (In years last birthday) 1/27/24 48	If Under 1 Yr. II Under 24 Hrs. Months Doys Hours Min.		
done during most of working life, even if retired) sheet metal worker Un	of Business or Industry	11. BIRTHPLACE (Stote or foreign country) Alexander, Va.	USA		
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME			
Gerald Trumpower		Christine Doyle			
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no ar unknown) (If yes, give war or dates of servi	1 6. SOCIAL SECURITY NO.	17. INFORMANT VA Hospital Reco	ADDRESS		
Yes 1/23/45 - 1/6/46		3900 Loch Raven Blvd.,			
18. 5 7 1. 0	CAUSE OF DEAT		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
DISEASE OR CONDITION DIRECTLY			DETWEEN ONSET AND DEATH		
LEADING TO DEATH (This does not meon the mode of dying,	(A) IMMEDIATE CAI	USE Hepatic failure A CONSEQUENCE OF:	2 months		
heart failure, asthenia, etc. It means the dise	ose,	A CONSEQUENCE OF:			
ANTECEDENT CAUSES	Tae	nnege Cinnhosis	F grooms		
	ving DUE TO, OR AS	nnecs Cirrhosis	5 years		
rise to the obove couse (A) sloting	the Acute	renal failure	2 meeks		
II	(0/				
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMINAL OF THE					
DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION WAS PERFORMED 19B. CONDITION FOR WHICH OPERATION NO 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C, WHERE DID (II in Boltimore City, give exact location)					
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., home, lorm, factory, street, o	in or obout 21 C. WHERE DID Iffice bldg., INJURY OCCUR?	nore City, give exoct locotion)		
21D. TIME (Month) (Doy) (Yeor) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?			
While At Work At Work					
22, I certify that (V (this haspital) attended the deceased from March 13th 19 72 to April 27th 19 72.					
that (1) (we) last saw the deceased alive on April 27th 19 72 and that in (h) (aur) apinian death occurred an the date					
and haur and from the couses stated above. (1) (We) (dld) (ght fight) view the bady after deoth.					
23A. SIGNATURE 23B. DATE SIGNED					
Attending Med. Staff April 27th 19					
23C. PHYSICIAN'S 23D. ADDRESS 3900 Loch Raven Boulevard					
JAMES A. QUINLAN, JR., M.D. Baltimore, Maryland 2128					
24A. BURIAL CREMATION, 24B. DATE 24C, NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) (Stote)					
Burral 5/1/72	Den Haves	v Cen. Hey Burn	nce MC1-		
25A, DATE REC'D BY HEAVIN DEPT 25B. AA	25h. DATE REC'D BY HEATH DEPT 25B. HAME OF REGISTRAR 25C. FUNERAL DIRECTOR APOPESY Apopesy Apopesy Apopesy				
VS 150-REV. 1/1/6B		1/0 / 0 0	21223		



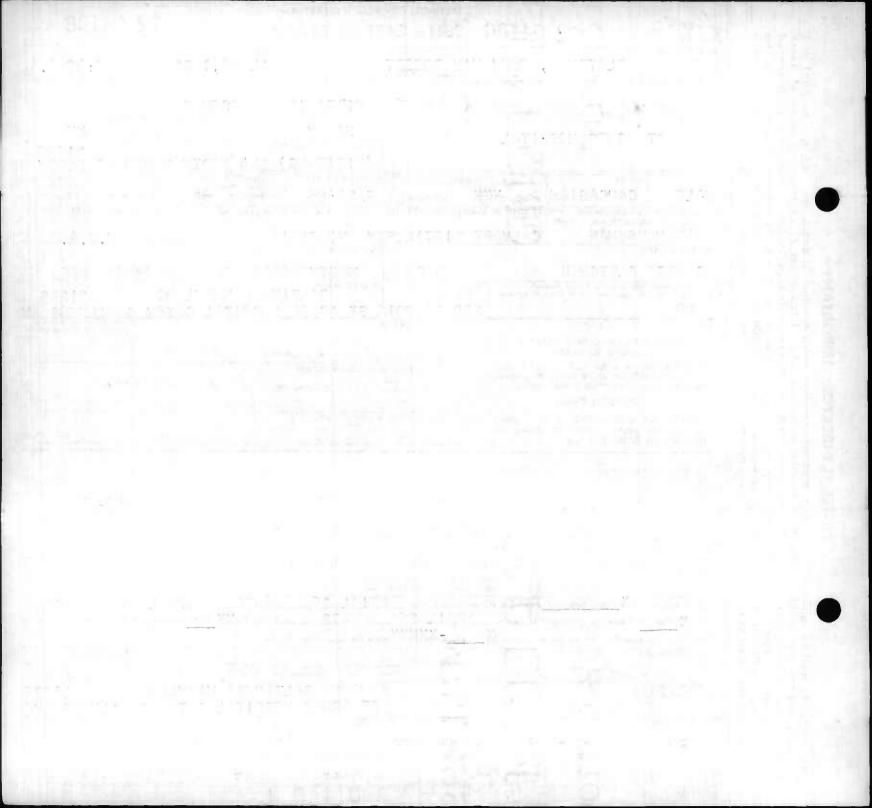
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was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

V\$ 150-REV. 1/1/68

7-432 BIRTH NO.	72
I. NAME OF DEC	
(Type or Print)	FLETCHER,
3. PLACE IN BAL	TIMORE MARYLAND, WI
FULL NAME OF HOSMITAL OR INSTITUTION	(IF NOT IN HOSPITA ADDRESS OR LOCA
40 ST	AGNES HOSE
5. SEX	6. RACE
MALE	CAUCASIAN
10A, USUAL OCCI	UPATION (Give kind of work)

4	1			BALTIMORE CITY	HEALTH DEPARTMEN	T	
+	-432	· · · · · · · · · · · · · · · · · · ·	0411	OG CERTIFICA	TE OF DEAT	H REG. NO	72 04106
BIRTI	I NO.	15	O'S L	OU CERTIFICA			
	ME OF DECE		REI	JAMIN ROBERT	Δ F	PRIL 26.1972	I F. LO P
3 PI	ACE IN BALTI	MORE MARTLAND, W			A USUAL RESIDENCE	Where deceased lived If i	nstitution residence before admission)
3. 11	ACE III BABII	MORG MARIENTO, W	TENE TRO	NOONGED DEAD	A STATE & C	OUNTY	1/43
FULI	NAME OF	ADDRESS OF LOCA	L OR INS	TITUTION, GIVE STREET	VIRGINIA	ACCOMAC	/ / 3
INST					OUINBY	D. INS	SIDE CITY LIMITS?
	ST	AGNES HOS	DITAL	-	E. STREET AND NUMB	FR	YES NO)(X)
	0				(VISITING) 224 NORTH	HAMMONDS FERRY RD
5. SE	x 16	S. RACE	7- MARRI	ED NEVER MARRIED	& DATE OF BIRTH	9. AGE (In years	If Under 1 Ye . If Under 24 Hrs.
	ALE	CAUCASIAN	WIDOW		5/26/88	lost birthdoy)	Months Days Haurs Min.
				OF BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY?
done	during most of w	orking life, even if refired)					
	WAREHO		CALI	ERT DISTILLE			U.S.A.
13. F.	ATHER'S NAM	E			14. MOTHER'S MAIDEN	NAME	
	GE OR GE	FLETCHER		DECD		XXXXX ELIZABET	TH MEARS DECD
15. W	ne Decessed	ver in U. S. Armed Fore	es? of service	1 6. SOCIAL SECURITY NO.	17. INFORMANT	MORE MARYLA	ADDRESS 21220
	NO			000 10 001		HOSPITAL CA	
1	8. /// 0	0 1		CAUSE OF DEATH		HOST TIFE GE	APPROXIMATE INTERVAL
	DISEASE	OR CONDITION DIR	ECTLY				BETWEEN ONSET AND DEATH
		EADING TO DEATH		(A) IMMEDIATE CAU	se andios	onic phoc	la l
		t mean the mode of		DUF TO, OR AS	A CONSEQUENCE OF		
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Acute Occlusion of Bo Caronery						
	A	NTECEDENT CAUSES		an anter	2 /	. 0	sterior myseardial
	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF:						
		above cause (A)	stating		netion	by cardian	souran disease
	UNDEKLTING	CONDITION lost		(c)		enecator.	
z	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING						
	TO THE DEATH	BUT NOT RELATED TO TH	E TERMIN				
No.		NOTION GIVEN IN PART	HOTE	OR WHICH OPERATION	20A. AUTOPSYT (Yes	or No. 208, IF YES, WERE	FINDINOS CONSIDERED
)	WAS PERF	ORMED			IN CERTIFYING CA	AUSES OF DEATH?
5	A A CCIDEN	WAS UNDERLYING		218 PLACE OF INJURY (e.g.,	or obout 21C. WHERE D	ID (II in Boltime	ore City, give exact location)
4	DEATH (notify i	medical examined		home, larm, factory, street, of	nce bidge instant occu	I KZ	
MEDICAL	ID. TIME	(Month) (Doy) (Year)	(Hous)	21E INJURY OCCURRED	21F. HOW DI	NJURY OCCURT	
ME	APPROXI			While At Not While	• 🗆		
				Work At Work			
				A COLUMN	PIRL 26	•	RIL 26 1972
1 1	-	ost saw the decease					inion death occurred on the date
	and hour and	fram the couses stat	ed above	" (y The) (qia) (qya, my)	lew the bady ofter de	ath.	
	3A. SIGNATUR	E		420		1	23B, DATE SIGNED
	4	Estato 1	dear.	1 Diag	nding Med.	Stoff Phys.	Tholos
	23C.PHYSICIAN			DEGREE	23D. ADDRESS RAI	TIMORE MARY	LAND 21229
	NAME (Ty	pel	45	1/701/	ST AGNES H	OSPITAL CAT	
24A	BURIAL CREM	AATION 1248 DATE	1712	C. NAME of CEMETERY of CR			ON & WILKENS AVE
1	REMOVAL (Specify)						
25:	Burial	4-30-1		Quinby Cemetery		Quinby, Virgi	
100			W	AE OF REGISTRAR	25C. FUNERAL DIRE		ADDRESS
440	Y 1 - 14	There I	المنافعة	100	Howard H.	Hubbard, 4107	Wilkens Ave. 21229



BALTIMORE CITY HEALTH DEPARTMENT use of death : (5) Deceased CERTIFICATE OF DEATH Such 1. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 0 hospital 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD A. STATE
Maryland attendance B. COUNTY cause FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) 0 C. CITY OR TOWN 0 Baltimore prior contributing 00 19 E. Randall St. E. STREET AND NUMBER occurred (4) Undetermined is made in regular 5. SEX 6. RACE 9. AGE (In years last birthday) 7. MARRIED NEVER MARRIED deceased Nov. 23, 1878 Female White WIDOWED 1 DIVORCED 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) disposition done during most of working tife, even if retired) Maryland Housewile Was 13. FATHER'S NAME the 14. MOTHER'S MAIDEN NAME Casper Peters Margaret Phifer eath 0 15. Wae Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of eervice) 17. INFORMANT 6. SOCIAL or final SECURITY NO. attendance none any pronounced CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY embalmed fracture of LEADING TO DEATH (A) IMMEDIATE CAUS (This does not mean the mode of dying, e.g., DUE TO, OR AS A heart failure, asthenia, etc. It means the disease, regular injury or complication which caused death.) ANTECEDENT CAUSES who are DISEASES OR CONDITIONS, il any, giving rise to the above cause (A) stating the physician remains UNDERLYING CONDITION last. a medical shows: (1) An accident of any nature; (2) Body burns; No physician was OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION WAS PERFORMED the 20A. AUTOPSY? (Yes or No) 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (except where 21 B. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? the body was released to the hospital MEDICAL DEATH inotify medical examined obtained 21D. TIME OF INJURY [Month) (Day) (Year) (Hous 21 & INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 9 approved Not While While At (APPROX.) and At Work 22. I certify that (I) (this hospital) attended the deceased from that (1) (we) last saw the deceased alive an_ death) hospital and haur and from the causes stated above. (1) (We) (Ald) (did not) view the bady after death. must 23A. SIGNATURE Attending 0 Med. approval O 23C. PHYSICIAN'S prior 23D. ADDRESS at D.O.A. 24C. NAME OF CEMETERY OF CREMATOR 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 4/1/ deceased Baltimore Nat'L. (emetery Was 25B. NAME OF REGISTRAR

72 04107 April 27, 1972

4. USUAL RESIDENCE (Where deceased fived, If institution; residence before odmission) D. INSIDE CITY LIMITS? YES X No If Under 1 Yr. Months! Days If Under 24 His. Hours 12. CITIZEN OF WHAT COUNTRY? U.S.A. ADDRESS Buford (. Zephir 1209 (reek Drive Pasadena Md. SETWEEN ONSET AND DEATH 208 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If In Baltimore City, give exact location) and that in (my) (aur) apinian deoth occurred an the date 23 B. DATE SIGNED (City, town, or county) (State) Md. Culler Funeral Homes 130

West, Xohn-

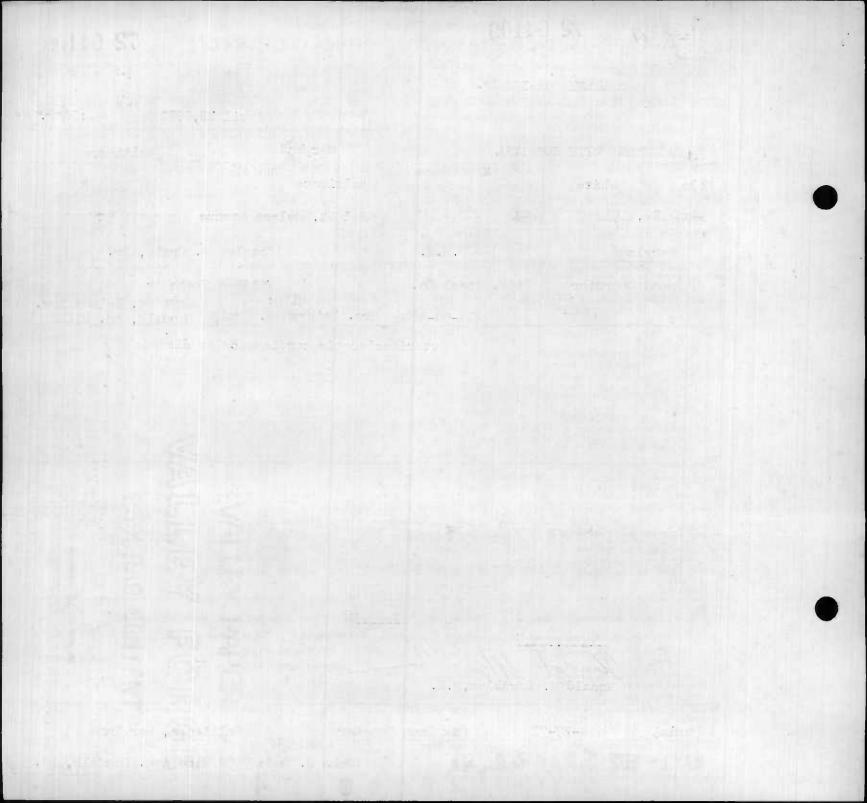
1126 F. 27 412

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. and the post of except where the physician who pronounced death was in regular attendance on the deceased prior to death; and (6) No physician was in regular attendance on the deceased prior to death. Such written approved must be obtained before the remains are embalmed or final disposition is made.

M 104 30 BALTIMORE CITY HEALTH DEPARTMENT			
CERTIFICATE OF DEATH REG. NO. 72 04108			
11. NAME OF DECEASED 11 Type or Print) MILLS, JAMES BENJAMIN	2. DATE AND HOUR OF DEATH APRIL 29. 1972 4:15 A. M.		
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE IWhere deceased lived. If institutions residence before admission) A. STATE B. COUNTY		
FULL NAME OF (IF NOT IN HOSMTAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	MARYLAND 21225 5 44		
ST AGNES HOSPITAL	BALTIMORE YES X NO		
CATON & WILKENS AVENUES	E. STREET AND NUMBER		
BALTIMORE, MARYLAND 21229	4146 SIXTH STREET		
5. SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE lin years II Under 1 Yr. If Under 24 Hrs. Months! Days Hours Min.		
MALE CAUCASIAN WIDOWED DIVORCED	□ 10/24/80 91		
IDA. USUAL OCCUPATION (Give kind of work TOB. KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (State of foreign country) 12. CITIZEN OF WHAT COUNTRY?		
ENGINEER RAILROAD	MARYLAND U.S.A.		
13. FATHER'S NAME	14 MOTHER'S MAIDEN NAME		
James Uniah Patrick	SARA WATKINS		
15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT ADDRESS		
	BALTO MD 21229		
NO. 705-10-98 [18, 4/4/			
heart failure, aethenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES	tic aneways m.		
rise to the above cause (A) staling the	R AS A CONSEQUENCE OF:		
UNDERLYING CONDITION lost (C)			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION WAS PERFORMED WAS PERFORMED	NO 208 OF NO. 208 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?		
U 21A, ACCIDENT WAS UNDERLYING 21B, PLACE OF INJURY (to office bidge INJURY OCCURY (If In Boltimore City, give exact location)		
21D. TIME IMonth) (Day) (Year) (Hour 21E INJURY OCCURRED	215. HOW DID INJURY OCCUR?		
22. I certify that (1) (this hospital) attended the deceased from APRIL 7 19 72 to APRIL 29 19 72			
that (X) (we) jost sow the deceased office on APRIL 29	19 72 and that in/my) (our) opinion death occurred on the date		
and hour and from the couses stoted obove. XIX(We) (did) (414) XXIX/View the body after death.			
23A. SIGNATURE	238 DATE SIGNED		
Edwards 9. Man en MD	Attending Med. Stoff M 4-29-72		
23 C. PHYSICIAN'S	23D. ADDRESS BALTO MD 21229		
NAME ITYPE! EDUARDO ROMERO, M.D.	ST AGNES HOSPITAL CATON & WILKENS AVES		
24A, BURIAL CREMATION, 24B, DATE 24C, NAME at CEMETERY of	JREE		
REMOVAL (Specify)			
Burial 5/2/1972 Glen Haven (25A, DATE REC'D BY HEALTH DEPT. 25B, NAME OF REGISTRAR	enetery Anne Arundel Fo. : Glen Burnie, M2106		
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	Ac Cully Foll. 237 Patapsco Ave. Balto. 21225		
VS 150-REV, 1/1/68	1) Type (und 1 sil. 2)/ Tampon nve., Lucio. 2122)		

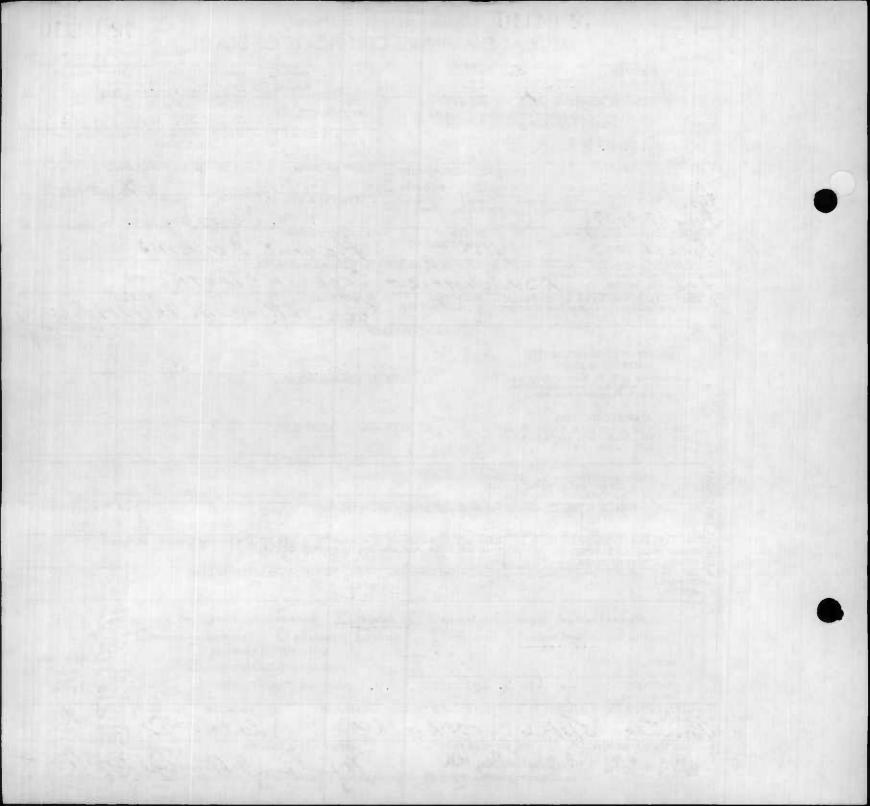
THE TOTAL SECTION AND ASSESSED AND ASSESSED ASSESSED ASSESSED ASSESSED ASSESSED. Transport of aller of all ananos are, also a 12

1-620	72 0	4109	BALTIMORE CITY HE		OF DEAT	7	779 [04109
BIRTH NO.	MLD	CALL	.AAMIIIYEK 3 C	LKIIIICAIL	OI DEAT	REG. NO	100	アエエリン
1. NAME OF DECI	EASED M.			2. DATE Known	Month Month	Doy	Yeor	Hour
(Type or Print)	STANLEY CH	RAIG J	r.	OF DEATH Estimot	ed ,□			M
4. PLACE IN BALT	IMORE, MARYLAND, W	HERE PRON	OUNCED DEAD	3. DATE	Month	Doy	Yeor	Hour
FULL NAME OF	(IF NOT IN HOSPITAL ADDRESS OR LOCAT	OR INSTITUT	TION, GIVE STREET	PRONOUNCED DE	AD April	25,1972	1	5:30 P.
ORINSTITUTION	ADDRESS OR LOCAT	014)		5. USUAL RESIDENCE	(Where deceosed li		residence bel	ore odmission)
BALTI	MORE CITY HOS	SPITAL		A. STATE Marylan	d	B. COUNTY	Baltimo	re
6. SEX	7. RACE	B. MAPPIED	NEVER MARRIED	C. CITY OR TOWN	Dundalk	D. INSIDE CIT		
Male	White	WIDOWED		Baltimore	Duriduzii	YE	c D N	· 🖺
9. DATE OF BIRTH	1 10. AGE (In	veore I if i	Under 1 Yr. If Under 24 Hrs.	E. STREET AND NUM	BER	TE.	2 1/4	
June 22	. 1918 lost birthdoy	53. Moi	nths, Doys, Hours, Min.	6571 St. He	lena Aven	ue		
	tate or foreign country)	12.	CITIZEN OF	13. FATHER'S NAME				
Mary:			WHAT COUNTRY?		Stanley	M. Craig	c Sm	
		4B. KIND OF	BUSINESS OR INDUSTRY	15. MOTHER'S MAIDE		n. Orace	, 01.	
done during most of w	orking life, even if retired)					El ataban		
_	Operator Deverings ARMED	Beth.	Steel Co.	18. INFORMANT WT		Fletcher		
(Yes, no or unknown)	(If yes, give wor or dotes o	f service)	SECURITY NO.	Mrs. Kathry				ena Ave.
Yes	II WW		213-09-3846 CAUSE OF DEA		ir G. Crang	Dundal		21222 OXIMATE INTERVAL
17/2	41			clerotic car	diovascul	ar disea	BETWEE	N ONSET AND DEAT
1	OR CONDITION DIREC	TLY	ALLELIOS	CLETOLIC Car	diovascui	ar Gibea		
1	EADING TO DEATH of meon the mode of dyla		(A)IMMEDIATE C					
heort foilure,	osthenio, etc. It meons the	diseose,	DUE TO, OR A	S A CONSEQUENCE OF:				
injury or com	plicotion which coosed deol	,						
AN	ITECEDENT CAUSES		(B)					
DISEASES O	R CONDITIONS, IF ANY, ABOVE CAUSE (A) STATE	GIVING NG THE	DUE TO, OR	AS A CONSEQUENCE O	F:			
UNDERLYIN	IG CONDITION LAST.		(c)					
OTHER SIGNI OTHER SIGNI OTHER DEA DISEASE OR 20A. DATE OF	11							
OTHER SIGNI	IFICANT CONDITIONS CO							
DISEASE OR	CONDITION GIVEN IN PA	RT 1 (A).	, , , , , , , , , , , , , , , , , , , ,					
20A. DATE OF	OPERATION 20B. CON	DITION FOI	R WHICH OPERATION WA	AS PERFORMED	100			SY? (Yes or No)
4/							3	yes
OLUMBERING	VAL CAUSE WAS	22B	PLACE OF INJURY (e.g., ne, form, foctory, street, office	in or obout 22C. WHER	E DID (If in Boltime	ore City, give exoc	t locotion)	
	OR CONTRIB- USE OF DEATH.	1	re, rottin, roctory, street, office	. 5,09., 6,6.,				
≥ 22D. TIME (A	Month) (Doy) (Year)	(Hour)	22E.INJURY OCCURRED	22F. HOW	DID INJURY OCC	UR?	-47	
(APPROX.)		m	WHILE AT NOT AT W	WHILE ORK				
23.								
I certi	ify that I held on In	quiry 🗌	Inspection Au	topsy K ond the	ot on this bosis,	deoth In my	opinion	
result	ed from: Natural cous	es 🛭	Accident Sylcid	e Homicide	Undetermi	ined monner		
	7	1	11.1		DICAL EXAMINER			
ACTUAL	· Vanded	11	11.11	ASSISTANT MEI	DICAL EXAMINER	X	D	ATE SIGNED
SIGNATU		Vornh	1um M D	,	DICAL EXAMINER		4/26/	72
NAME (T		KOLID	Lum, II.D.	ASSOCIATE MEI	DICAL EXAMINATION		., _ 0,	
24A. BURIAL CREW	AATION, 24B. DATE	. 2	4C. NAME of CEMETERY	or CREMATORY	24D. LOCATION	(City, town	, or county)	(Stote)
REMOVAL (Specific Burial	v) 4-27-7	2	Oak Lawn C	emet em	Po74	imore 1	Agmel an	d
25A. DATE REC'D			E OF REGISTRAR	25C. FUNERAL		timore, h	DDRESS	u
MAY 1-	1972 Pale 8	Jall	y Ald		Duda 7922			alk.Md.
VS 151-REV. 1/1/6B		1	7200	0310	è			-



72 04110 BALTIMORE CITY HEALTH DEPARTMENT 72 04110 MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.. BIRTH NO I. NAME OF DECEASED 2. DATE OF DEATH Known X Doy Month Hour WILLIAM ROBBINS April 30, 1972 Estimoted 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 3. DATE Month Doy Hour PRONOUNCED DEAD (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) FULL NAME OF HOSPITAL OR INSTITUTION 12:02 AM. April 30, 1972

701 W. Mulberry Street #609	A. STATE B. COUNTY Maryland
SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
Male Negro WIDOWED DIVORCED	Baltimore YES NO [
DATE OF BIRTH 10. AGE (in years Winder Yr. If Under 24 Hrs. Months Days Hours Min.	E. STREET AND NUMBER
July 17-1937 34	701 W. Mulberry St. Apt. 609
1. BIRWIPLACE (Stote or Toreign country) 12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME
	BONNIE ROBBINS
4A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRI onegaring most of working life, even if refired)	17 15. MOTHER'S MAIDEN NAME
LABONON ADV. VISTRIBUT	CECELIA MATTHEWS
6. WAS DECEASED EVER IN U.S. ARMED FORCES? (res, no or unknown) ((if yes, give wor or dotes of service) 17. SOCIAL SECURITY NO.	ADDRESS POLICE ROBBINS 701 WMULGERRY
	7
19. 7/, 8 1 CAUSE OF DEA	ATH APPROXIMATE INTERVAL BETWEEN ONSET AND DATH
DISEASE OR CONDITION DIRECTLY	
LEADING TO DEATH (A)IMMEDIATE	CAUSE Fatty metamorphosis of liver
heart foilure, osthenia, etc. it means the disease,	AS A CONSEQUENCE OF:
Injury or complication which coused death.)	
ANTECEDENT CAUSES (8)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	AS A CONSEQUENCE OF:
Z (C)	
Q II	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	/AS PERFORMED 21. AUTOPSY? (Yes or No)
0 2	Yes
22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY (e.g.	, in or obout 22C, WHERE DID (II in Boltimore City, give exact location) to bldg., etc.) INJURY OCCUR?
UNDERLYING OR CONTRIB- home, form, Toctory, street, offi	a blog., etc., it bokt occorr
22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED	. 22F. HOW DID INJURY OCCUR?
OF INJURY (APPROX.) WHILE AT NO WORK AT	T WHILE
23.	
I certify that I held on Inquiry Inspection A	utapsy (X) and that on this basis, death in my opinion
resulted from: Notural causes Accident Suici	de Homicide Undetermined monner
ACTUAL COLOR	CHIEF MEDICAL EXAMINER L
SIGNATURE CONTROL M.	D. ASSISTANT MEDICAL EXAMINER
EXAMINER'S Charles S. Springate, M.	D. ASSOCIATE MEDICAL EXAMINER April 30, 1972
NAME (Type) 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	or CREMATORY 24D. LOCATION (City, town, or county) (State)
REMONAL (Specify)	
June 5/3/7 2 MA Avau	
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
MAY 1 - 1972 Valent & Harbers M.A.	Muchan & Home 638 Dog of mon ST
/S 151-REV. 1/1/68	73175



X

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death). Such written approval must be obtained before the remains are embalmed or final disposition is made.	
rred in a h vuting cause; ed cause; ar attende prior to de.	The second secon
death occur or contrib Undetermin as in regul	
ssistant if the direct y kind; (4) d death w ance on the	
iner or his of the control of the co	
dical examical examical examirns; (3) A frogician who was in regunains are er	
This certificate must be approved by the chief medical examiner or his assistant if death occurred the body was released to the hospital by a medical examiner. Also, if the direct or contributing shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined was D.O.A. at a hospital (except where the physician who pronounced death was in regular deceased prior to death); and (6) No physician was in regular attendance on the deceased privatiten approval must be obtained before the remains are embalmed or final disposition is made.	
pproved by the hospita any nature; (except whe and (6) No obtained be	
must be apreleased to iccident of a hospital (a hospital (r to death);	
This certificate must be the body was released shows: (1) An accident o was D.O.A. at a hospita deceased prior to death written approval must to	
Kt sh y sh	

	OKU O			BALTIMORE CITY	HEALTH DEPARTMEN		
Br	RTH NO.	72.0	4111	CERTIFICA	TE OF DEAT	H REG. NO.	72 04111
1,1	NAME OF DECEA					TE AND HOUR OF DEAT	TH .
11.,	pe or Print)	BETTY P	OLOWAY			April 26, 197	
3,	PLACE IN BALTI	MORE MARYLAND, W	HERE PRONO	UNCED DEAD	4. USUAL RESIDENCE		institution: residence before admission)
H	ILL NAME OF DSPITAL OR	OF NOT IN HOSPIT	AL OR INSTIT	UTION, GIVE STREET	MARYLAND		2120
IIN	NOITUTIES				C. CITY OR TOWN		VSIDE CITY LIMITS?
	9/1	EVINDALE			BALT IMORE		YES NO
	/ / 11	VINDADI				AGED HOME	
5.	SEX 6.	RACE WHITE	7- MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE Un years	If Under 1 Yr If Under 24 His.
F	'emale	Human	WIDOWED		3-15-1897	last birthday)	If Under 1 Yr. If Under 24 His. Months Days Hours Min.
10/	USUAL OCCUP	ATION (Give kind of work	108, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stale o	ir lareign country)	12. CITIZEN OF WHAT COUNTRY
der	e during most of wei	rking lite, even if refired)					
13.	HOUSEWIF		AI	HOME	RUSSIA 14. MOTHER'S MAIDEN		USA
	SAMUEL M				BESSIE	?	
15. (Ye	Was Deceased Ex	ver in U. S. Armed Fare i yes, give war at date	ces? s of service)	SECURITY NO.	17. INFORMANT		ADDRESS
	NO			216-09-0793	MR. ROBERT P	OLOWAY, 8000	STEVENSON RD. #2120
	18.4 5 3	41 Hant	- 000	CAUSE OF DEATH	1	•	APPROXIMATE INTERVAL
		OR CONDITION DIE	ECTLY	X	ASCUL		BETWEEN ONSET AND DEATH
		ADING TO DEATH		(A)IMMEDIATE CAU	SE MULTIPLE P	H-MONARY EMPO	WEEKS
	heart failure, as	mean the mode of thenia, etc. It me	the discore.	DUE TO, OR AS	CONSEQUENCE OF:		
	CFRIFICA	HOW MARKET	HALL THE	TRAIMAT	TO TRACTURE		
	AN	THE PENT CAUSE	1	(B) RECHT	нимерис		WEEKS
	DISEASES OR	OMITION A	Mary Mary 1	DUE TO, OR AS	A CONSEQUENCE OF:		
	U ID LYING	ONDITION last.	The the	(c)			
		11		(9/444444	***************************************		***************************************
ATION	OTHER SIGNIFICA	ANT CONDITIONS COL	NTRIBUTING	2 L.	. L M	7:1.1 11	
AT	DISEASE OR CON	BUT NOT RELATED TO THE	[[(A).	JANETO	1 of 00	1941 /frm	(647)
ERTIFIC	19A. DATE OF O	PERATION 198 CONI	DITION FOR V	VHICH OPERATION	20A. AUTOPSY? (Yes	208, IF YES, WER	E FINDINGS CONSIDERED
ERT		one		None			Ves
C	OR CONTRIBUTIS	WAS UNDERLYING THE	21 B.	PLACE OF INJURY (e.g., in e, form, foctory, street, off	or about 21 C. WHERE DI	D (If in Rolling	ore City, give exact location)
CAL	DEATH (notify me	edical examined	otcJ			evindale	
MEDI	21 D. TIME (A	Aonth) (Doy) (Year)	(Houd 21E	INJURY OCCURRED	21E HOW DID	INJURY OCCUR?	
2		pril 2, 1972	Whil	Not While	N R-11		
						A	
		st saw the decease		e deceased fram		_	
					19 <u>72</u> an	d that in (shy) (aur) as	pinian death accurred an the date
	23A, SIGNATURE	ram the causes state	ed above. (4)	(Me) (वाय) स्मिक्टेक्स) A	ew the bady after dec	oth.	
	LOW SIGNAL OKE		Healer.	K July			238 DATE SIGNED
	Coronera	Caso For I	R. KER	NBLUM DEGREE Phys.	ding Med. Director	Shaff Phys.	April 27, 1972
	230 FIRSTEINS NAME (Typo	OF			3D. ADDRESS		
	//		ORE R.	REIFF	LEVINDALE		
24A	REMOVAL (Spec			ME of CEMETERY of CRE			City, town, or county) (Stole)
	BURIAL	4-27-72			65		
25A	DATE REC'D BY		258 NAME O	ES MONTIFIORE F REGISTRAR	25C. FUNERAL DIREC	BALTIMORE, MA	AKYLAND
		972 Jako 8	7.2	4114			10 REISTERSTOWN ROAD
VS	150-REV. 1/1/68	V -	A Algeria	40	153 1 0	6	

3913 Fordleigh Rd.

1.1 (Ty	pe or Print) LOUT	5 (OHE			ND HOUR OF DEA		6.000
3.	PLACE IN BALTIMORE, MA	-		/	4. USUAL RESIDENCE (Who	ere deceosed lived.	Vinstitution: residence b	efore odmitsio
He	ILL NAME OF (IF NOT ADDRE	I IN HOSPITAL	OR INSTITUTIO	N, GIVE STREET	MARYLAND	GAL	-10 5	36
	SINAI HE	SPITA	L. OF	1	BALTIME		YES N	• 🗆
C	BALTI				E. STREET AND NUMBER 4 PEACHTR			
-		HITE W	VIDOWED 🔀	NEVER MARRIED DIVORCED	2/22/89	9. AGE (In years lost birthday)		f Under 24 Ho
dor	LUSUAL OCCUPATION (Give during most of working life, ev	e kind of work 108	KIND OF BUS	INESS OR INDUSTRY	11. BIRTHPLACE (Stole or fore	eign country)	12. CITIZEN OF W	HAT COUNT
	PROPRIETOR		GAS STAT	ION	NEW YORK CI	TY	USA	
13.	FATHER'S NAME				14. MOTHER'S MAIDEN NA		1 001	
	ISAAC MEYER CO				ROSA ?			
15. (Ye	Was Deceased Ever in U. S. s,no or unknown) (If yes, give	Armed Forces?	service) 16.	SOCIAL SECURITY NO 2	17. INFORMANT		ADDRESS	
	N YES W.W. I		21	3-05-4892 *XXXXXXX	MRS. HARRIET R	OSS, 4 PEA	CHTREE CT. #	21208
	18.590.11			CAUSE OF DEAT			APPROXI	ATE INTERVAL
	DISEASE OR CONI		TLY		0.4=10			NSET AND DEA
	(This does not mean the	e made of dvi	ing e.g	(A) IMMEDIATE CAU	ISE PYENEPIAR	OSTS C	WE	27=
	bond falling ashering to			0115 70 00 16				-// -/
	heart failure, asthenia, etc	c. Il means the	disease.	DUE TO, OR AS	A CONSEQUENCE OF:			-/1-2
	injury ar camplication wh	c. Il means the ich caused dea	disease.	DUE TO, OR AS	A CONSEQUENCE OF:	SEPTC		-// -/
	ANTECEDEN DISEASES OR CONDITI	c. II means the lich caused dea IT CAUSES	disease,	DUE TO, OR AS	A CONSEQUENCE OF:			
	ANTECEDEN DISEASES OR CONDITI	c. II means the ich caused dea T CAUSES IONS, if any, ause (A) sta	disease,	(B)	A CONSEQUENCE OF:			
	ANTECEDEN DISEASES OR CONDITI	c. II means the ich caused dea T CAUSES IONS, if any, ause (A) sta	disease,	DUE TO, OR AS	A CONSEQUENCE OF:			
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WEDICAL CERTIFIC	DISEASES OR CONDITIONS IN THE SIGNIFICANT CONDITION OF THE DEATH OF OPERATION OR CONTRIBUTION CAUDEATH (notify medical examples of the significant contributions of the significa	C. II means the ich caused deal of caused deal of caused deal of caused deal of cause (A) side of caused o	disease, oth.) giving ling lhe IBUTING ERMINAL (A). ON FOR WHICH (A). ON FOR WHICH (A). Outh 21E INJI While Al Work tended the delive on above. (1) (Western (1))	DUE TO, OR AS (B) DUE TO, OR AS (C) H OPERATION CE OF INJURY fe.g., ir rm, foctory, sheet, off Not White At Wark Decased from OF CEMETERY of CREE EI ZION GISTRAR	A CONSEQUENCE OF: 20A. AUTOPSY? (Yes or No.)	SEPTCA 208. IF YES, WE IN CERTIFYING (If In Boltis URY OCCUR? 19 72 to at In (my) (our) of Phys. D CCATION SEDALE, MA	PRATA RE FINDINGS CONSIDE CAUSES OP DEATH? Imore City, give exact local opinion death accurre 238, DATE SIGNED (City, town, or county) RYLAND ADDRE	ST9 72 d on the d

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FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
	Thi the sho wa dec

	2 001			BALTIMORE CITY	HEALTH DE	PARTMENT			
Bi	U - 20 6 RTH NO. 72	0.44	12	CERTIFICA	TE OF	DEATH	REG. NO.	, .	22 04112
1.	NAME OF DECEASED	UTI	10				D HOUR OF DEATH		~ OJITIO
110	ype or Print) LUCILLE	L. BU	CKN	ER			L 25, 1972		345 B
3,	PLACE IN BALTIMORE, MARYLAND,	WHERE PRO	NOU	NCED DEAD	4. USUAL R	ESIDENCE (When	e deceased lived, It in	stitutions	residence before admission)
	JLL NAME OF (IF NOT IN HOSE ADDRESS OR LO	MTAL OR IN	STITU	TION, GIVE STREET		RYLAND			2775
IN	ISITUTION				C. CITY OR T		D. INSI	DE CITY	LIMITS?
	HAMILL COURT, APT	. 51				TIMORE		YES _	NO
	00				ll .		T, APT. 51		
5.	SEX 6. RACE	7- MARR	IED 📉	NEVER MARRIED	8. DATE OF	SIRTH IS	AGE (In veors	II Und	er 1 Yı. II Under 24 Hrs. Doys Hours Min.
	FEMALE WHITE	WIDOV		DIVORCED	APRIL 2	8. 1909	62	Months	Doys Hours Min.
t0.	A. USUAL OCCUPATION (Give kind of wind of wind of working life, even if retired	ork 108, KIND	OF I	BUSINESS OR INDUSTRY	II. BIRTHPLA	CE State or loreig	gn country!	12. Ct1	TIZEN OF WHAT COUNTRY
	HOUSEWIFE	A'	T H	DME	PORTS	MOUTH, VI	IRGINIA		USA
13.	FATHER'S NAME					'S MAIDEN NAM			
	EZIEKEL LAND				LENA	?			
15. (Ye	Was Deceased Ever in U. S. Armed F s, no or unknown! (II yes, give wor or de	orces? oles of service	ce)	6. SOCIAL SECURITY NO.	17. INFORMA	INT			ADDRESS
	NO				MR. DAV	ID BUCKNE	ER. HAMILL O	T A	PT. 51 #21210
	18. 17 UX I			CAUSE OF DEATH					APPROXIMATE INTERVAL
	DISEASE OR CONDITION DEATH				0.		la an +		BETWEEN ONSET AND DEATH
H	This does not mean the made	al dvina.	P. C.	(A) IMMEDIATE CAU	35 - 10	ma	mus 1		C 2000
	heart laiture, asthenia, etc. It mean injury ar camplication which cause	s the disec	ise,	DUE TO, OR AS	CONSEQUEN	ICE OF:			
	ANTECEDENT CAUSE								
	DISEASES OR CONDITIONS, il	onv. giv	ina	DUE TO, OR AS	A CONSEQUE	NCE OF:			
	sise to the above cause (A UNDERLYING CONDITION last,	stating	Ihe						
	II			(c)					
N S	OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTIN	IG						
¥	TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION GIVEN IN PA	RT I (A).		1888 1 1 to many or many occasion.					
ERTIFICATION	19A. DATE OF OPERATION 19B. CO	NDITION FO	OR WH	ICH OPERATION	20 A. AUTO	PSY? (Yes or No)	208, IF YES, WERE FI	NDINGS SES OF	CONSIDERED DEATH?
U	21A. A CCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF		218, PI	ACE OF INJURY (e.g., in farm, factory, street, off	or obout 21 C.	WHERE DID	(If In Boltimore	City, giv	re exact location)
CAL	DEATH (notify medical examined		etc.)	turn, rociory, sincer on	ce 01084 1141 0	JRT OCCUR:			
LEDI	21 D. TIME (Month) (Doyl (Year			NJURY OCCURRED	21 F.	HOW DID INJU	RY OCCUR?		· · · · · · · · · · · · · · · · · · ·
2	(APPROX.)		While Work	At Work					
	22. I certify that (I) (this hospite	al) attende	d the	deceased from	11/13/63	19	ta	1/21	172 19
	that (i) (we) last saw the deceas			4/25/72	19			ian dea	th occurred an the date
	and hour and from the causes st	oted above	. (1) (We) (did) (did not) vi	ew the bady	after death.			
	23A. SIGNATURE	D						238, DAT	TE SIGNED
	my b	hear.	M	DEGREE Phys.	ding 🔀	Med. Director P	hys.	9/	26/72
	23C. PHYSICIAN'S NAME (Type)			· · · · · · · · · · · · · · · · · · ·	D. ADDRESS				
	V JOSEPH :	SHEAR		DEGREE	6715 PA	RK HEIGHT	'S AVENUE		
247	BURIAL CREMATION, 248. DATE			E of CEMETERY of CREA	MATORY	24D. LO			or county) (Stotel
	BURIAL 4-27-			MORE HEBREW			TERSTOWN, M	IARYL	AND
254	A DATE REC'D BY HEALTH DEPT.	258 NAM	E OF	REGISTRAR		RAL DIRECTOR	DDOG COCO		ADDRESS
V	MAIL BYZ Vate D	d' Ast	200, 6	KE DU DO	SOL L	EVINSON &	BRUS.,6010	REI	STERSTOWN ROAL
42	150-REV. 1/1/68								

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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	1				BALTIMORE CIT	Y HEALTH D	EPARTMENT			
1	/ -/00 RTA NO.		2 64	114	CERTIFICA	ATE OF	DEATH	REG. NO.	170	2 04114
	Pe or Printl	EASED OU	4 /	lenry	D.		2. DATE A	ND HOUR OF DEA		9=25-A:M
3.	PLACE IN BAL	TIMORE, MÁ	RYLAND, WI	HERE FRON	OUNCED DEAD	4. USUAL	RESIDENCE IWH	ere deceased lived, I	I institution:	residence before admission
He	ILL NAME OF OSPITAL OR STITUTION	HE NOT	IN HOSPITA	L OR INST	ITUTION, GIVE STREET	C. CITY OR	XXXXXXXXX	XXXXXX MAI	RYLAND NSIDE CITY	2720
	11- 0		Hac	1/41	of		Baly	tomer	YES Z	_
6	12	17101	Hos	Chem	122		AND NUMBER	YLE AVENUE	APT.	D #21215
5.	SEX	6. RACE		7- MARRIEI	NEVER MARRIED	8. DATE OF		9. AGE IIn years		er 1 Yr. If Under 24 Hrs. Doys Hours Min.
	MALE		ITE	WIDOWE			7-14-00		Months	Doys Hours Min.
dor	LUSUAL OCCU	PATION (Give vorking life, ev	en if refired)	IOR KIND	OF BUSINESS OR INDUSTR	11. BIRTHPL	A CE (State or fore	eign country)	12. CIT	TIZEN OF WHAT COUNTRY?
		UNTANT			C.P.A.	NEW	YORK, N.	Υ.		US
13.	FATHER'S NAA	AE				14 MOTHE	S'S MAIDEN NA	ME		
	SAMU	EL LEV	1			FI	ORA	?		
15. (Ye	Was Deceased s, no or unknown)	Ever in U. S.	Armed Force	es? of service)	1 6. SOCIAL SECURITY NO.	17. INFORM	ANT			ADDRESS
	NO				218-38-4690	MRS. MA	RY LEVY,	4002 GLEN	GYLVE .	AVE., APT. D #15
		OR CONE	OITION DIRI	ECTLY	CAUSE OF DEAT		T. Pul	rorary Edes	72	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	IThis does not heart failure, injury or camp	asthenia, etc plication whi INTECEDEN	the means of the course of the	the disease death.)	(B)	A CONSEQUE	NCE OF: Mgo cena	ld afret	ter	***************************************
	rise to the UNDERLYING	above c	ouse (A)	staling th	(c) Cuix	lenore	bershé	Acont Re	rcov	
NOTA	OTHER SIGNIFI	BUT NOT RE	LATED TO THE	ETERMINAL			\=			
CERTIFICATION	19A-DATE OF			HTION FOR	WHICH OPERATION	20A. AUT	OPSY? (Yes & N	208, IF YES, WER	E FINDING	S CONSIDERED DEATH?
CAL	21A. ACCIDEN OR CONTRIBU DEATH (notify	T WAS UND	ERLYING DISE OF	21 ho et	B. PLACE OF INJURY le.g., me, form, factory, street, a c.)	in or about 210 line bldg., INJ	WHERE DID URY OCCUR?	(if in Boltin	nore City, gi	ve exact location)
MEDI	21D. TIME OF INJURY (APPROX.)	(D.	oy) (Yeor)	w	L INJURY OCCURRED Thile At Not While At Work	len	HOW DID IN	URY OCCUR?		
	22. I certify	that (f) (thi	s hospital)	attended	the deceased fram	9:101	4 4-26	19/2 to 5	. 26	1972
	that (1) (we)	lost sow th	e deceased	alive on	4.26	19	72 and th	at in (1977) (aur) a	pinian dea	oth occurred on the date
	and hour and	from the co	ouses state	d above.	(I) (We) (did) (didenot)					
	23A. SIGNATUI	RE //	0	1/					23 B. DA	TE SIGNED
	10	odolp	\$ -6	citor		ending .	Med. Director	Phys.	5	4.26.3
	NAME ITY	pel Rol	POLFO	5.0	ICTORIA WOU	23D. ADDRES	i Hol	pife of	Bot A	more
24#	BURIAL CREA	AATION, 248	DATE	24C.1	AME of CEMETERY OF CR	EMATORY	24D. L	OCATION I	City, town,	or countyl 15totel
	BURIAL		-27-72	MI	KRO KODESH		BA	LTIMORE, M	ARYLAN	ĪD
25/	AV 1 = 10				OF REGISTRAR		ERAL DIRECTOR			ADDRESS EISTERSTOWN ROA
VS	150-REV. 1/1/6	8	entage bee 1	American Control		- 3	i 			

ADDE CLEET STREET, NO. P. TERRE

A THE WILLIAM SEEDS

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ETS-SH-2600 JEES, MARY LLYY, ARES CLASSWILL AVE., APT. BURE

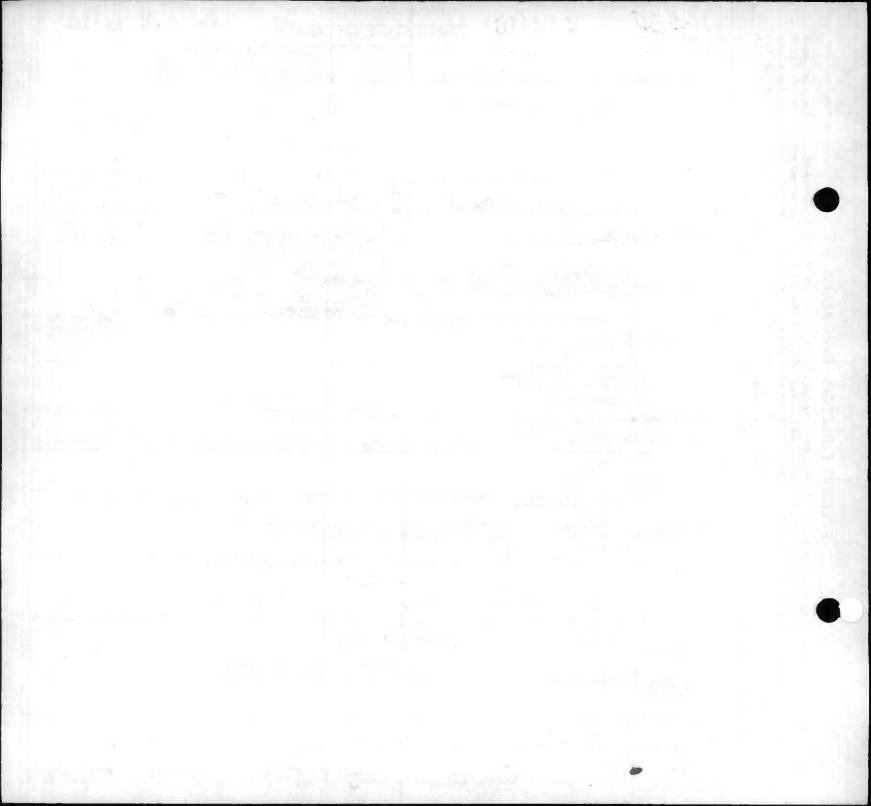
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	ne chief medical examiner or his assistant if death occurred in a hospital and	by a medical examiner. Also, if the direct or contributing cause of death	2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	re the physician who pronounced death was in regular attendance on the	physician was in regular attendance on the deceased prior to death. Such	fore the remains are embalmed or final disposition is made.
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1	1-100	70 (daare		HEALTH DEPARTMENT			
and eath ased the Such	BIRTH NO.)4115	CERTIFICA	TE OF DEATH	REG. NO	72 04115 -	
_ T 0 E	(Type or Print)	w. Morris			2. DATE	4-25-72	1:50 P. M.	
Te Dog	3. PLACE IN BALTIF	MORE MARYLAND, W	HERE PRONOUN	NCED DEAD	4. USUAL RESIDENCE (W	here deceased lived. If in	stitution: residence before admission)	
a hosp cause se; (5) ndance to dea	FULL NAME OF HOSPITAL OR INSTITUTION	ADDRESS OR LOCA Provident	AL OR INSTITUTION) Hospital	TON, GIVE STREET	Maryland C. CITY OR TOWN D. INSIDE CITY LIMITS?			
- 3	29	2600 Liber	ty Heigh	t Ave.	Baltimore	2500 W 2500	YES NO	
red ir outing ed ca ar att prior de.	5/	Baltimore,	Md. 212	15	E. STREET AND NUMBER	S200 M. BELV	EDERE AVENUE	
contribuceurr contribuletermine in regula eceased on is mad	Mala /	White	WIDOWED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH 9-15-88 1884	9. AGE (In years last birthday) 87	If Under 1 Yr. If Under 24 His. Months Doys Hours Min.	
in r	done during most of wor	king life, even if retired)		1	11. BIRTHPLACE (State or fo	preign country)	12. CITIZEN OF WHAT COUNTRY?	
	NOCHDER KOLKE		IN S URA	NCE CO.	Lithuania 14. MOTHER'S MAIDEN N	A A A E	U.S.A	
# (4) % + de sisp		DUBOW			IN MOTHER'S MAIDEN N	AME		
the di the di kind; death nce on final d	15. Wos Deceased E. (Yes, no or unknown)	er in U. S. Armed Force yes, give wor ar dote:	s of service	6. SOCIAL SECURITY NO. 215-10-8789	MR. KKKKKBERNA	ARD DUBOW, 57	ADDRESS 00 JONQUIL AVE. #15 40127xkkhmkkxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	
ical examiner or his ascal examiner. Also, if ns; (3) A fracture of any ician who pronounced as in regular attendacins are embalmed or	IThis does not heart lailure, as injury at compliant Compliant Compliant Compliant Compliant Compliant Compliant Complex Compl	OR CONDITION DIR ADING TO DEATH meon the made of thenia, etc. It means cation which caused TECEDENT CAUSES CONDITIONS, it a above cause (A) CONDITION last.	dying, e.g., the disease, death.)	(A) IMMEDIATE CAUDUE TO, OR AS A DUE TO, OR AS A CC). A SH D	Janes Ma	literans left	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Dely butish who was the extensity who was unlestown	
hief med a medic lody burn he physician w the rem	Y DISEASE OR CON	NT CONDITIONS CON BUT NOT RELATED TO TH DITION GIVEN IN PART PERATION 198. COND WAS PERFO	E TERMINAL 1 (A).	IICH OPERATION	20A. AUTOPSY7 (Yes or)	No. 208. IF YES, WERE F	INDINGS CONSIDERED	
ital by e; (2) E here t No phy before	21A. ACCIDENT OR CONTRIBUTION DEATH Inotify me	WAS UNDERLYING CAUSE OF	21 B. P! home, elc.)	ACE OF INJURY (e.g., in farm, fociory, street, offi	or obout 21 C. WHERE DID ce bidg. INJURY OCCUR?	(If in Boltimore	e City, give exact location)	
hosp natur cept w d (6) ained	OF INJURY (APPROX)	lonfii) (Doy) (Year)	(Hour) 21E II While Work	At Not While	21F. HOW DID IN	NJURY OCCUR?	/ -	
approtection to the fany of any of (ex.		ot (I) (this haspital) st saw the deceased		deceased from 4-25	4/24	19 / × 10 /	4/25 19 72	
007-				7/	ew the bady after death		alon death occurred an the date	
must be eleased ccident a hospit to deat al must	23A. SIGNATURE	ma C	Tan,	M - ODEGREE Phys.	ding [] Med. [Staff Phys.	238, DATE SIGNED 4/25/72	
certificate moody was released to the control of th	23C. PHYSICIANS NAME (Type		, I	OFGREE	PROVIDENT	HOSPITAL		
F# 00 5	24A BURIAL CREMA REMOVAL (Spe	cifyl	24C.NAN	LE of CEMETERY OF CREA			y, town, or county) (State)	
this cer the bod shows: was D.C decease	BURIAL 25A. DATE REC'D BY	HEALTH DEPT.	25 L NAME OF	MEN CIRCLE REGISTRAR	25C. FUNERAL DIRECTO	ALTIMORE, MAR	ADDRESS	
This the show was dece	MAY 1 - 19	12 Pabert E	Saider,	200	osob realison	G BROS.,6010	REISTERSTOWN ROAD	

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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

MASE STATE	BALTIMORE CITY	HEALTH DEPARTMENT		30 04440
//1-235 72 04116 BIRTH NO.	CERTIFICA	TE OF DEATH	REG. NO.	72 64116
1. NAME OF DECEASED ELIZABETH MARY MC DA	111-1	2. DATE AND	APRIL 7	2 4.019
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUN	CED DEAD	4. USUAL RESIDENCE I Where	deceased lived. It inst	titution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)	ON, GIVE STREET	A. STATE B. COUNTY A. C. CITY OR TOWN	Nd	DE CITY LIMITS?
SINAI HOSPITAL OF BAL	TIMORE	E. STREET AND NUMBER	TERSTOW	VES D NO D
5. SEX 6. RACE White MIDOWED WILL WILL WILL WILL WILL WILL WILL WIL	NEVER MARRIED DIVORCED	1-27-1895	AGE (In years st birthday)	If Under 1 Ye. if Under 24 Hrs. Months Days Hours Min.
10A, USUAL OCCUPATION (Give kind of work 108, KIND OF BI	SINESS OR INDUSTRE	11. BIRTHPLACE (State or loreign	country)	12 CITIZEN OF WHAT COUNTRY?
done during most of working life, even if refired)		Baltimage	Md	71.5.1.
13. FATHER'S NAME		14 MOTHER'S MAIDEN NAM	E	
(1) Man Bo	//	TdA S	Supphle	(11)
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) [0] yes, give wer or dates of service)		17. INFORMANT	6 ONEID	ADDRESS
(185, no or unknown) ut yes, give wor or daws of services	SECURITY NO.	CARALE	Ocean Pa	AAVE
118, 17 1/ 8	CAUSE OF DEATH	O'MALIORAN	CZCCAI) CAI	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY			1	
LEADING TO DEATH	(A)IMMEDIATE CAUS	GE CA OF the	e breas	T
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. it means the disease, injury or complication which caused death.)	DUE TO, OR AS A	CONSEQUENCE OF:		
ANTECEDENT CAUSES	wit		SES	
DISEASES OR CONDITIONS, If any, giving	DUE TO, OR AS	A CONSEQUENCE OF:		
rise to the above cause (A) stating the UNDERLYING CONDITION last	(c)			
II II	(0/			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). DISEASE OF OPERATION 198 CONDITION FOR WH WAS PERFORMED 21A ACCIDENT WAS UNDERLYING TO 1218 FILE				
ODSEASE OF CONDITION GIVEN IN PART 1 (A).	ICH OPERATION	120A. AUTOPSV2 (Yes or No)	20B. IF YES, WERE F	INDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION FOR WH	TON OTERATION	20A-AUTOPSYR (Yes or No)	IN CERTIFYING CAU	ISES OF DEATH?
	ACE OF INJURY (e.g., in form, foctory, street, off	or about 21 C. WHERE DID ice bidg., INJURY OCCUR?	(il in Baltimore	City, give exect location)
210-YIME (Month) (Day) (Year) (Hous 21E, 18	HURY OCCURRED	21F. HOW DID INJU	RT OCCUR?	
(APPROXI While Work	At Work			
22. I certify that (1) (this hospital) attended the		28 apr 19	72 to	19
that (I) (we) last sow the deceased alive an	28 apr		in(my) (our) opin	ion deoth occurred on the date
and hour and from the causes stated above. (1) (We) (did) (did not) vi	iew the bady after death.		23B, DATE SIGNED
I A A	After	nding Med. S	holf [7]	22 Paper 71
23G. PHTSICIANS	DEGREE PHYS	Director P	hys.	1 x 8 y y v 101
NAME (Typel				
24A, BURIAL CREMATION 124B DATE 124C NAME	DEGREE	MATORT 24D. LO	CATION (Cit	y, town, ar county! (State)
24A. BURIAL CREMATION, 24B. DATE 24C. NAN	/ O /	1 + 240. 10	D /	An /
BURIAL 3-1-12 UR	VId Nide	e Cemeleru -	DALTIM	ADDRESS
MAY 1 - 172 Page 2 3. MAY 1	ALD O O	ARM MOST FUNE	val Chapel-	46 to 4 berty Achts
VS 150-REV. 1/1/68	100		-	7



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the

	BALTIMORE	CITY	HEALTH	DEPARTME
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1.3				BALTIMORE CITY	HEALTH DEPARTMENT		72 04117
BIRTH NO.	23	72 0	4117	CERTIFICA	JE OF DEATH	REG. NO	
1. NAME OF (Type or Print		IK N	7 h	richt	2. DATE AI	HOUR OF DEATH	72 10:35pm
		AARYLAND, W			A. STATE 8. COUNTY 21218	ere deceased lived. If	institution: residence before admission
HOSPITAL O				TION, GIVE STREET	C. CITY OR TOWN		SIDE CITY LIMITS?
UN	ion N	1 EMOR	in/ H	tospien/	E. STREET AND NUMBER	Elville	YES NO NO
5. SEX	6. RACE		7. MARRIED [NEVER MARRIED DIVORCED	8. DATE OF SIRTH 5/13/07	9. AGE (In years last birthdoy)	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min,
	CCUPATION (_	11. 8IRTHPLACE (State or fore	eign country)	12. CITIZEN OF WHAT COUNTR
	emaker				Baltimore, Md		USA
13. FATHER'S					14. MOTHER'S MAIDEN NA	WE	
Jose	ph Robin	son			Laura Blunt		
15. Wos Dece (Yes, no or unk	osed Ever in U	. S. Armed Fordive wor or dote:	es? of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No		,/	0.37	213-05-9138	Amos P. Wright	(Son) Same	
18.		1170	O A	CAUSE OF DEAT	Ĥ		APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
NOT R	SEASE OR VOE	MONTHON COR	ECTLY	10,1	nonny Em	1.1.	BETWEEN ONSET AND DEAT
				(ANIMMEDIATE CAL	ISE STATES	90/03	142
(This de	es not mood	the poods si	dyini, e.g.,	DUE TO, OR AS	A CONSEQUENCE OF:		
injuly of	complication	the mode of	dea (1)				
A Section of the second	ASSIT MEET		4	Fx (R) HUMERUS		of days
OHIE!	NOO-11 MCD1				A CONSEQUENCE OF:		
	the obove	couse (A) TION last.	stating the	(c)			8 days
		11					
F TO THE	DEATH BUT NO	NDITIONS CONTRELATED TO THE	E TERMINAL	ASC	· VD		VERRI
19A. DA1	E OF OPERATION	WAS PERF	ORMED	VHICH OPERATION	20A. AUTOPSY? (Yes of N		E FINDINGS CONSIDERED AUSES OF DEATH?
OR CON	TRIBUTING Condity medical e	JNDERLYING NEW CAUSE OF exominer)	21 B. hometc.)	PLACE OF INJURY (e.g., i e, form, toctory, street, of	n or obout 21 C. WHERE DID INJURY OCCUR?		ore City, give exact location) K AUE DAKO
OF INJU	RY	(Doy) (Year)		INJURY OCCURRED Not While At Work	21F. HOW DID IN.		IKING STOULDER ATCHA
22.1					1	1972 to	4/127/ 1077
				e deceased from			197.3
thot (1)	(we) last saw	the decease	d alive on	4/27/	19 ond th	not in (my) (our) or	pinion deoth occurred an the do
and hou	ond from the	e couses stot	ed above. (1)	(We) (did) (did not) v	iew the bady ofter deoth.		
23A. SIGI	LATURE //			180			23B, DATE SIGNED
1	11			Dhu	nding Med. Director	Shaff Phys.	4/28/72
Z3C. PHY	SICIAN'S		Jun	OLOKICI	23D. ADDRESS	citys. —	1666110
	AE (Type)	11 (no	FECKLER MD		Emonial	Hospital
	CREMATION, AL (Specify)	24B. DATE		ME of CEMETERY of CR			City, town, or county) (State)
Bur		May 1,1		nt Olivet Cem			EIMONK MJ
25A. DATE R	C'D 8Y HEAL		258. NAME O	F REGISTRAR	25C. FUNERAL DIRECTO		. Seitz ADDRESS 2/2/2
MAY	1 8/12	- Jaken Bil	William Van	ARM U 17 1	Seitz Funera	1 Home 5209	York Rd. Balto.

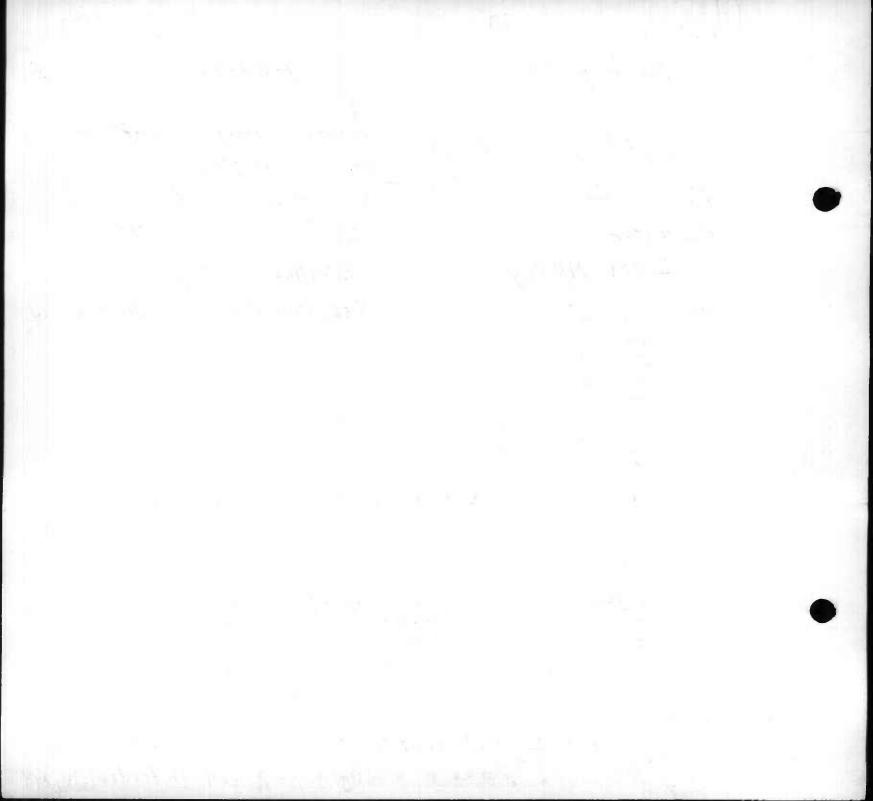
VS 150-REV. 1/1/68

D. Sipernick approvid

	or Print)	A. Dixon			And Hour of DEA	
3. PL	ACE IN BALTIMORE, MARYLAN		UNCED DEAD	4. USUAL RESIDENCE (V	Where deceased lived.	72 / /. If institution: residence before odmin
ELLI	NAME OF (IF NOT IN H	OSPITAL OD INSTIT	UTION, GIVE STREET	A. STATE B. CC	Anne Aruno	101 52 h
HOS	PITAL OR ADDRESS OR	LOCATION)	Olion, Give sikeel	C. CITY OR TOWN		NSIDE CITY LIMITS?
4	3 DOA South Bal	to Conena	I Haspital	Glen Burni		YES NO 🔀
9		Hanover St		Box 656 Midl		nate
5. SE			NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24
Fe	male White	WIDOWED	DIVORCED [6/5/1896	lost birthday)	Months Days Hours M
10A. L	JSUAL OCCUPATION (Give kind of during most of working life, even if re		F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COU
	Housewife		me	Marylan		U.S.A.
13. F/	ATHER'S NAME			14. MOTHER'S MAIDEN	NAME	
	Ellic Young				noun	
15. W (Yes,	os Deceased Ever in U. S. Arme no or unknown) (If yes, give war o	ed Forces? or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
Λ	10		220-22-4061A	Robert E. Di	xon (Son) 204	+ W. Riverview Rd.
1	B. 189.0 1		CAUSE OF DEAT	H		BETWEEN ONSET AND
	DISEASE OR CONDITION			1 on alas Ula	when Wood	Sout of heart
	This does not meon the mad		(A) IMMEDIATE CAL		was o acco	elevio - 1000
	nearl failure, asthenia, etc. It n	neans the discose,	DUE TO, OR AS	A CONSEQUENCE OF:		0
'	njury ar camplication which co			Moderalate	u Carun	our June
			(B)	A CONSEQUENCE OF:		
ı	DISEASES OR CONDITIONS, ise to the above couse	(A) sloting the		CANTHUM	1 Knile	en syens
	JNDERLYING CONDITION 105	51.	(c)	Corver of	0 /0000	
_						
S C	II OTHER SIGNIFICANT CONDITION:	S CONTRIBUTING				
ATIC	O THE DEATH BUT NOT RELATED	N PART 1 (A).				
VI	O THE DEATH BUT NOT RELATED DISEASE OR CONDITION GIVEN IN 9A. DATE OF OPERATION 19B.	N PART 1 (A).	WHICH OPERATION	20A. AUTOPSY? (Yes or	No) 20B. IF YES, WE IN CERTIFYING	RE FINDINGS CONSIDERED CAUSES OF DEATH?
RTIFICA	O THE DEATH BUT NOT RELATED ISEASE OR CONDITION GIVEN II 9A. DATE OF OPERATION 19B. WA	O TO THE TERMINAL N PART 1 (A). CONDITION FOR S PERFORMED				
CERTIFICA	O THE DEATH BUT NOT RELATED INSEASE OR CONDITION GIVEN II 9A. DATE OF OPERATION 19B. WA 11A. ACCIDENT WAS UNDERLYI DR CONTRIBUTING CAUSE O	O TO THE TERMINAL N PART 1 (A). CONDITION FOR S PERFORMED	3. PLACE OF INJURY (e.g., i ne, farm, factory, street, o	20A. AUTOPSY? (Yes of) (If In Bolti	RE FINDINGS CONSIDERED CAUSES OF DEATH?
CAL CERTIFICA	O THE DEATH BUT NOT RELATED DISEASE OR CONDITION GIVEN II PA. DATE OF OPERATION 198. WA 11. ACCIDENT WAS UNDERLY DR CONTRIBUTING CAUSE O DEATH (notify medical examiner)	D TO THE TERMINAL N PART 1 (A). CONDITION FOR S PERFORMED 21E F 21E hon etc.	3. PLACE OF INJURY (e.g., ine, farm, factory, street, o.,)	n or about 21 C. WHERE DIE ffice bldg., INJURY OCCUR) (If in Bolti	
MEDICAL CERTIFICA	OTHE DEATH BUT NOT RELATED DISEASE OR CONDITION GIVEN II PA. DATE OF OPERATION 198. WA 11A. ACCIDENT WAS UNDERLYI DR CONTRIBUTING CAUSE O DEATH (notify medicol exominer) 11D. TIME (Month) (Day) 11D. TIME (Month) (Day)	DIO THE TERMINAL N PART 1 (A). CONDITION FOR S PERFORMED 21E hon etc. (Year) (Hour) 21E	B. PLACE OF INJURY (e.g., in the control of the con	n or about 21C. WHERE DIG ffice bidg., INJURY OCCUR) (If In Bolti	
MEDICAL CERTIFICA	OTHE DEATH BUT NOT RELATED DISEASE OR CONDITION GIVEN I PA. DATE OF OPERATION 198. WA 11A. ACCIDENT WAS UNDERLYI DR CONTRIBUTING CAUSE O DEATH (notify medical examiner) 11D. TIME (Month) (Day)	DIO THE TERMINAL N PART 1 (A). CONDITION FOR S PERFORMED 21E hon etc. (Year) (Hour) 21E	B. PLACE OF INJURY (e.g., in the control of the con	n or about 21C. WHERE DIG ffice bidg., INJURY OCCUR	(If in Bolti	
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MEDICAL CERTIFICA	OTHE DEATH BUT NOT RELATED DISEASE OR CONDITION GIVEN II 199A. DATE OF OPERATION 198. WA 11.A. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF CONTRIBUTING (Month) (Day) 12. I certify that (1) (this has that (1) (ye) lost sow the decord hour and from the couses 3A. SIGNATURE SLAYAN	DIO THE TERMINAL N PART 1 (A). CONDITION FOR S PERFORMED ING	B. PLACE OF INJURY (e.g., ine, form, foctory, street, or ine, form) E. INJURY OCCURRED The deceased from At Work The deceased from At Work I) (Well (did) (did not) was a few or in the deceased from At Work Attended in the deceased from At Work Attended in the deceased from Attended in the deceased f	21F. HOW DID 19 7 2 ond view the body ofter deo	INJURY OCCUR? 19 60 to 0 that in(my) Loury	mare City, give exact location) 25 192 opinion death occurred on the
MEDICAL CERTIFICA	OTHE DEATH BUT NOT RELATED INSEASE OR CONDITION GIVEN IN 198. 17. A. A. C. CIDENT WAS UNDERLY OR CONTRIBUTING CAUSE OF CAUSE OF CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF INJURY APPROX.) 2. I certify that (1) (this has hot (1) (we) lost sow the decord hour and from the couses in 1987. 3. SIGNATURE 3. C. PHYSICIAM'S NAME (Type)	DIO THE TERMINAL N PART 1 (A). CONDITION FOR S PERFORMED ING 21E hon etc. (Year) (Hour) 21E Why wc spitol) ottended to ceosed olive on stated obove. (2. PLACE OF INJURY (e.g., ine, form, factory, street, on the street, on the deceased from the deceased	21F. HOW DID 21F. HOW DID 21F. How DID 21F. How DID 22F. How DID	INJURY OCCUR? 19 60 to thot in (my) Learn	mare City, give exact location) 25 192 opinion death occurred on the
MEDICAL CERTIFICA	OTHE DEATH BUT NOT RELATED DISEASE OR CONDITION GIVEN II PA. DATE OF OPERATION 198. WA 1.A. ACCIDENT WAS UNDERLY DR CONTRIBUTING CAUSE O DEATH (notify medicol exominer) 1.D. TIME (Month) (Day) T.D. TIME (Month) (Day) APPROX.) 2. I certify that (1) (this has hot (1) (ye) lost sow the decond hour and from the couses 3.A. SIONATURE SC. PHYSICIANTS NAME (Type) Dr. Benjamin BURIAL CREMATION, 1248. DAY BURIAL CREMATION, 1248.	DIO THE TERMINAL N PART 1 (A). CONDITION FOR S PERFORMED ING 21E Hon etc. (Year) (Hour) 21E Wh Wc spitol) ottended to coosed olive on stated obove. (Bendann TE 24C. N	B. PLACE OF INJURY (e.g., ine, form, foctory, street, on the street, on the street, on the street, on the deceased from	21F. HOW DID 22F. HOW DID 22	injury occur? 19 60 to the thot in (my) for the phys. Stoff Phys. Lane D. LOCATION	more City, give exact location) 2 2 192 opinion death occurred on the 23B. DATE SIGNED 2 1 April 72 (City, town, or county)
MEDICAL CERTIFICA	OTHE DEATH BUT NOT RELATED INSEASE OR CONDITION GIVEN IN 198. 17. A. A. C. CIDENT WAS UNDERLY OR CONTRIBUTING CAUSE OF CAUSE OF CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF INJURY APPROX.) 2. I certify that (1) (this has hot (1) (we) lost sow the decord hour and from the couses in 1987. 3. SIGNATURE 3. C. PHYSICIAM'S NAME (Type)	DIO THE TERMINAL N PART 1 (A). CONDITION FOR S PERFORMED ING 21E Hon etc. (Year) (Hour) 21E Wh Wc spitol) ottended to coosed olive on stated obove. (Bendann TE 24C. N	B. PLACE OF INJURY (e.g., ine, form, foctory, street, on the street, on the street, on the street, on the deceased from	21F. HOW DID 22F. HOW DID 22	injury occur? 19 60 to the thot in (my) for the phys. Stoff Phys. Lane D. LOCATION	more City, give exact location) 2 2 192 apinion death occurred on the 23B. DATE SIGNED 2 192 (City, town, or county) (SI
MEDICAL CERTIFICA	OTHE DEATH BUT NOT RELATED DISEASE OR CONDITION GIVEN II 9A. DATE OF OPERATION 19B. WA TA. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE O DEATH (notify medicol exominer) TD. TIME (Month) (Day) TO. TIME (Month) (Day)	DIO THE TERMINAL N PART 1 (A). CONDITION FOR S PERFORMED ING 21E Hon etc. (Year) (Hour) 21E Wh Wc spitol) ottended to coosed olive on Stated obove. (Bendann TE 24C. N	DEGREE AME OF ROJURY (e.g., ine, form, foctory, street, or and of control of the deceased from At Work (b) (did not)	21F. HOW DID 22F. HOW DID 22	INJURY OCCUR? 19 60 to the thot in (my) Learn h. Shoff Phys	more City, give exoct locotion) 2 2 19 2 opinion death occurred on the 23 B, DATE SIGNED 2 1
MEDICAL CERTIFICA	OTHE DEATH BUT NOT RELATED DISEASE OR CONDITION GIVEN II 9A. DATE OF OPERATION 19B. WA TA. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE O DEATH (notify medicol exominer) TD. TIME (Month) (Day) TO. TIME (Month) (Day)	DIO THE TERMINAL N PART 1 (A). CONDITION FOR S PERFORMED ING 21E Hon etc. (Year) (Hour) 21E Wh Wc spitol) ottended to coosed olive on stated obove. (Bendann TE 24C. N	DEGREE AME OF ROJURY (e.g., ine, form, foctory, street, or and of control of the deceased from At Work (b) (did not)	21F. HOW DID 22F. HOW DID 22	INJURY OCCUR? 19 60 to the thot in (my) Learn h. Shoff Phys	more City, give exact location) 238. DATE SIGNED 238. DATE SIGNED (City, town, or county)

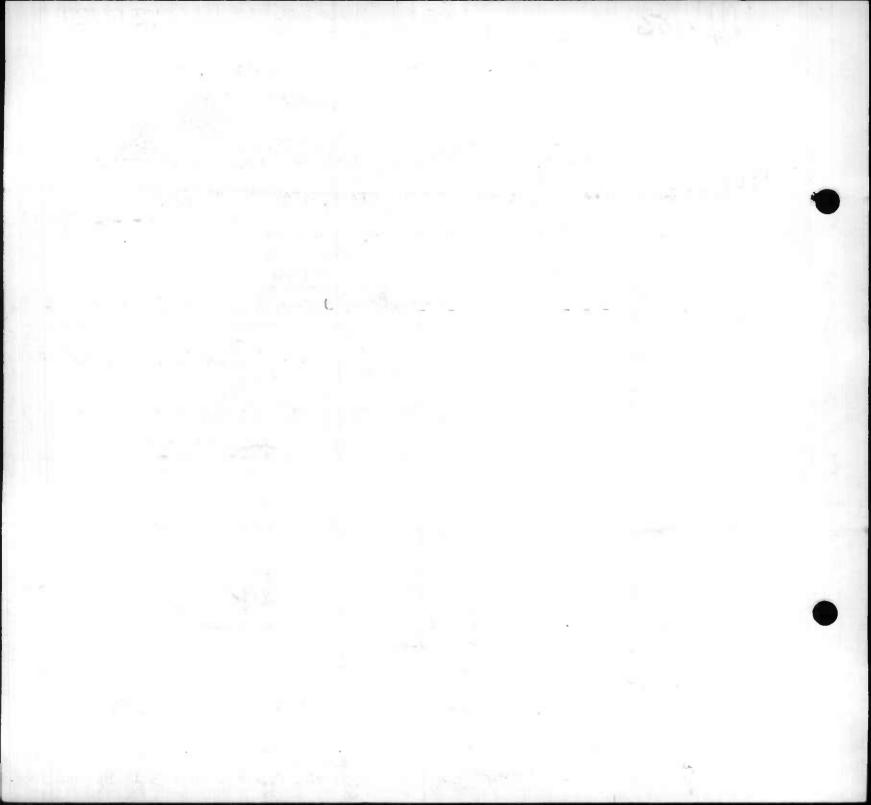
Bullia bull Stant ton A stone The state of the s Address of annual to secure local THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAM The second of th alike rethinks, over reconstruction with the state of the second s

	M-2m 72 04119 BALTIM	ORE CITY	HEALTH DEPARTMENT		70 0447
В	CERT	TIFICA	TE OF DEATH	REG. NO	72 04119
1. (T ₁	NAME OF DECEASED			ND HOUR OF DEATH	~22
11_	PLACE IN BALTIMORE, MANTLAND, WHERE PRONOUNCED DEAD		4. USUAL RESIDENCE (Wh	22-72 ere deceased lived, II in	stitution: residence before odynission)
FL	JLL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE S OSPITAL OR ADDRESS OR LOCATION!	TREET	A. STATE 8. COU	NTY	1501
IN IN	OSPITAL OR ADDRESS OR LOCATION		C. CITY OR TOWN	D. INSI	DE CITY LIMITS?
	LITTE Ward 1100		E. STREET AND NUMBER	2/2//	YES NO
	O) GINEVAN, FIOSP		1400 Laur		
		RCED	6-29-03	9. AGE (In years last birthday)	If Under 1 Yr. It Under 24 Hrs. Manths Days Haurs Min.
do	A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR ne during most of working life, even if retired)	INDUSTRY	11. BIRTHPLACE (State or for	eign cauntryl	12. CITIZEN OF WHAT COUNTRY?
13.	CAPPENTER		14. MOTHER'S MAIDEN NA	400	U.S
	ISOM MCCOY				
15.	Was Deceased Ever In U. S. Armed Forces? / 16. SOCIAL		17. INFORMANT	me colf	ADDRESS
11 -	70 O SECURITY	NO.	JARSOLINA	Brook & S	underland, md
	7/0:/	OF DEATH	1	10100113	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		SE CARDIO-PUL	manen y Ao	
	(A) IMM DUE (A) the does not mean the mode of dying, e.g., heart failure, osthenia, etc., it means the disease, injury or complication which coused death.)	TO, OR AS	A CONSEQUENCE OF:		
		ATRI	AL FIREILLAT	101	
	DISEASES OR CONDITIONS, il any, giving rise to the obove cause (A) stating the		AL FIBRILLAT A CONSEQUENCE OF:		
	UNDERLYING CONDITION lost. (C)	Myo	CARDIAL INFI	ARTION	
NO	01HER SIGNIFICANT CONDITIONS CONTRIBUTING				
ATIC	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).		***************************************	***************************************	***************************************
CERTIFICATION	19A-DATE OF OPERATION 19B CONDITION FOR WHICH OPERAT	ON	20A. AUTOPSY? (Yes or N	o) 20% IF YES, WERE F	FINDINGS CONSIDERED USES OF DEATH?
정	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJ OR CONTRIBUTING CAUSE OF DEATH (notify medical examined etc.)	URY (e.g., in , street, off	at about 21C. WHERE DID	(if in Baltimare	e City, give exact location!
MEDI	21D-YIME (Manth) (Day) (Year) (Hour) 21E INJURY OCCU	JRRED	21F. HOW DID IN.	JURY OCCUR?	
	Wark L	Not While At Wark			1
	22. I certify that (This hospital) attended the deceased that (we) last sow the deceased alive an 4/2.		4/22/	19 12 to 4	12-112 19
	ond hour and from the causes stoted abave (# (We) (did) (s	12		10	nion death occurred on the date
	23A. SIGNATURE				23B, DATE SIGNED
	23C. PHYSICIAMS	EGREE Phys.		Staff Phys.	4/22/72
	23C. PHYSICIAN'S NAME (Type) SEIN LWIN		3D. ADDRESS	HERAN Hos	PITAL.
24/	BURIAL CREMATION, 24B. DATE 24C. NAME of CEMET	ERY OF CRE	MATORY 24D. L	OCATION (City	y, town, or county! (State)
25	A DATE REC'D BY HEALTH DEPT. 1258. NAME OF REGISTRAR	utc	hr. Cem.	Calve	nt Co., Md.
25/	MAY 1 - 1972 John S. NAME OF REGISTRAR		Pin Kney E	April Pr.	Frederich, ud
VS	150-REV. 1/1/6B	77			1001/190



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. IMPORTANT FUNERAL DIRECTOR:

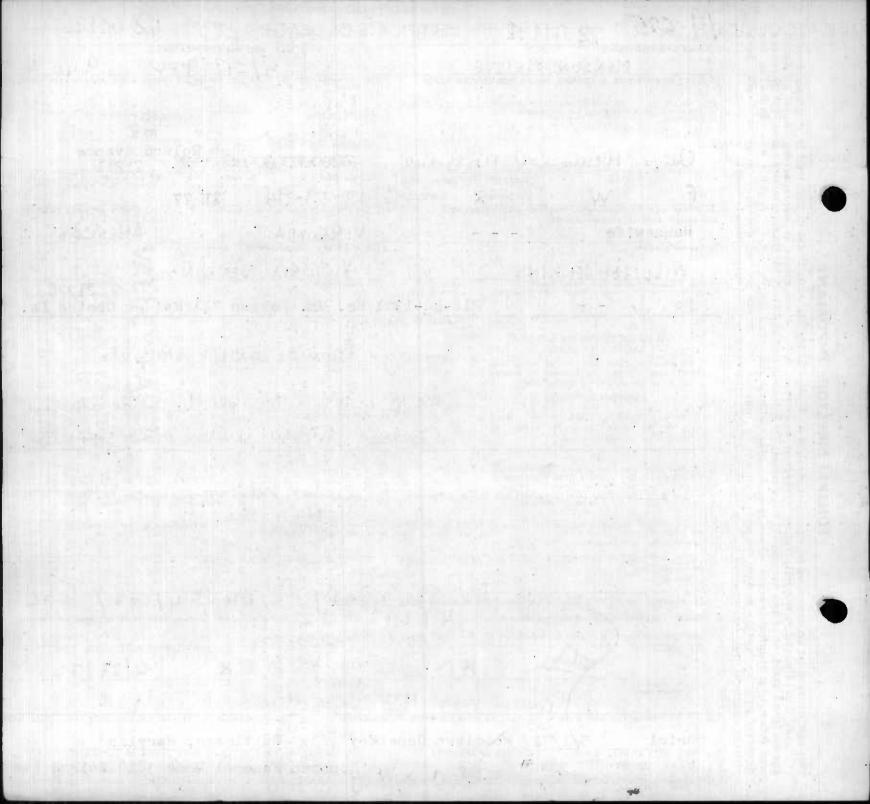
	1-256	72 0	4120	4	HEALTH DEPARTA		72 04120
	WRTH NO. . NAME OF DECEA			CERTIFICA		DATE AND HOUR OF DEATH	
	Type or Print)			Lockner		April 27, 19	72 "
	3. PLACE IN BALTIA	MORE MARYLAND, WH	ERE PRONO	UNCED DEAD	4. USUAL RESIDEN	CE (Where deceased lived, II in	nstitution; residence before admission)
	FULL NAME OF	(IF NOT IN HOSPITAL	OR INSTIT	UTION, GIVE STREET	Marylan		1548
	NSTITUTION	ADDIESS OR BOOK	ON		C. CITY OR TOWN		IDE CITY LIMITS?
	00	1204 West Baltimore,	42nd Mar J	Street pland 21211	Bal timo E. STREET AND NU 1204 We	ore JMBER st 42nd Stree	ves X NO
5			MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Tr If Under 24 Hrs. Months; Days Hours Min.
	Female		WIDOWED		Dec 6, 18	OU Yrs	3.
d	one during most of wor Matron	rking life, even if refired}		Telephone C		A Laboratory Company	U.S.A
Ī	3. FATHER'S NAME			1	14. MOTHER'S MAII	DEN NAME	
		Totzauer			Wels	sch	
1		rer in U. S. Armed Force I yes, give wor ar dotes	of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	No			212-05-1851	Mrs. Mose	ph Blum 1204	W 42nd Street
	18. 4/0.	7 1		CAUSE OF DEATH	0		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		OR CONDITION DIRECTOR	CILY	(A)IMMEDIATE CAU	Chara	on Micalo	en Pulder.
	heart laiture, as	mean the mode of d thenia, etc. It means th calian which caused de	e disease.		CONSEQUENCE OF:	1 1000	
	100	TECEDENT CAUSES		10 Carro	un Inn	Threin Myore	seed last your
	rise to the	CONDITIONS, if any abave cause (A) standard course (A) standard condition last.	y, giving lating the	DUE TO, OR AS	A CONSEQUENCE OF	A Solew & CU	D
1.		11		Pro-	 		***************************************
	= ITO THE DEATH I	ANT CONDITIONS CONT	TERMINAL				
1	DISEASE OR CON	PERATION 198 CONDIT	TON FOR V	VHICH OPERATION	20A. AUTOPSY? (Y	es or No) 20B, IF YES, WERE	FINDINGS CONSIDERED
		WAS PERFOI	MED		gren	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
18.0	OR CONTRIBUTION DEATH (notify me	WAS UNDERLYING NO CAUSE OF edied examined	21 B, hometc.)	PLACE OF INJURY (e.g., in e, form, foctory, street, off	or about 21 C. WHERE INJURY OC	E DID (If In Boltimor	e City, give exact location)
1	OF INJURY	Aonth) (Day) (Year) (INJURT OCCURRED	21F. HOW	DID INJURT OCCUR?	
1	(APPROX.)		Whi	le At Not While			
		at (I) (thi s hospit ol) o		ne deceased from	/	19 4 to 4	- 27 19 72
		st saw the deceased		4.24	1972		nion deoth accurred on the date
	and hour and fr	am the causes stated	abave. (I)) (We) (dld) (d idamet) vl	ew the body ofter	deoth.	
	23A. SIGNATURE	1 DO		Atten	ding Med.	C Swift C	23B, DATE SIGNED
	23C. PHYSICIAN'S	a flen	Much	DEGREE Phys.	Directa 3D. ADDRESS	r Stoff Phys.	4-58-72
	NAME (Type	Lawrence J.	Shir	nanek		alls Road	21211
2	A. BURIAL CREMA	TION, 248, DATE		ME of CEMETERY OF CRE			ly, town, or county) (State)
	Burial	5/1/72	Ne	w Cathedral	Cem.	Baltimore,	
2	A. DATE REC'D BT	HEALTH DEPT. 125	BANAME O	F REGISTRAR	25C. FUNERAL DE	1	ADDRESS
	MAY 1 - 1	372 Valley 4.	Valley	000	Donovan	Funeral Home	3818 Roland Ave
V	\$ 150-REV. 1/1/68			94,95		9	



1	V -n-			BALTIMORE CITY	HEALTH DEPARTM		20 0 1104
BIR	11-625	72 04	121	CERTIFICA	TE OF DEA	TH REG. NO.	72 94121
	PE OF DECEASE	D			2. D	ATE AND HOUR OF DEA	тн
l ly	pe of Phili	MERSON,	BESSI	6		4/27/19-	72 9.40 AM
3.	PLACE IN BALTIMO	DRE MARYLAND, W			A. STATE B	CE (Where deceased lived, 1 3. COUNTY	institution: residence before admission)
FU	LL NAME OF	ADDRESS OR LOCA	AL OR INSTITU	JTION, GIVE STREET	C CITY OD TOWN		200
IN	STITUTION				C, CITY OR TOWN		NSIDE CITY LIMITS?
-	74				E. STREET AND NU		YES NO NO
	Unin	Hemori	H Da	leingla		XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Control Control
5. 5	SEX 6. R/	ACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthday)	Months Doys Hours Min.
	+	W	WIDOWED	DIVORCED [10-09-0	94 7	7
			108, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote	e or foreign country)	12. CITIZEN OF WHAT COUNTRY
don	Housewi			_	YIRBIN	ι Δ	AMERICAN
13.	FATHER'S NAME	10			14. MOTHER'S MAIL		MICHEAN
	hal. '						
	WILLIA	MIENKI	NZ		VICTOR	IA JENKIN	5
15. (Ye	Was Deceased Ever s, no or unknown! (If y	in U. S. Armed For	ces? s of service)	SECURITY NO.	17. INFORMANT		ADDRES 2228
	No			218-40-1301	Mr. Wm.	Merson 711	Maiden Choice La.
	18. 7 4 7	91		CAUSE OF DEATH			APPROXIMATE INTERVAL
	DISEASE O	R CONDITION DIE	RECTLY				BETWEEN ONSET AND DEATH
		DING TO DEATH		(A) IMMEDIATE CAU	" Cardia	re arrest l	Parkitota
		neon the mode of		DUE TO, OR AS	CONSEQUENCE OF:	ic occess v	o i ves process
		enio, etc. It meons stion which coused					
	ANTE	CEDENT CAUSES		ASCILIA	· APC .	Posito. HI	1 0 Ph. (1-10.
	DISEASES OR O	CONDITIONS, il	ony giving	DUE TO, OR AS	A CONSEQUENCE OF	1032100 11	I & Pale Cuborli
		bove couse (A)				turam his	
	UNDERLYING CO	ONDITION Iosi.		(c) 1 21000	LA I (1240	mount am	comment verne and
-		- 11					
ő		T CONDITIONS CO					
AT	DISEASE OR COND	ITION GIVEN IN PAR	T 1 (A).		1244		
ERTIFIC	19A. DATE OF OPE	RATION 198 CON WAS PER	PORMED	WHICH OPERATION	20 A. AUTOPSY? (Y	es of No. 208, IF YES, WE IN CERTIFYING	RE FINDINGS CONSIDERED CAUSES OF DEATH?
CER	21 A ACCIDENT W	AS UNDERLYING	7 21 R	PLACE OF INJURY (e.g., in	NO NO WHERE	F DID (If in Roll)	more City, give exoct location)
AL	OR CONTRIBUTION	G CAUSE OF	hom etc.	e, form, factory, street, of	fice bldg., INJURY OC	CUR?	more dily, give exect locotion;
EDIC	21D. TIME (Ma	onth) (Doy) (Year)	(Hour) 21 E.	INJURY OCCURRED	21 F. HOW	DID INJURY OCCUR?	
ME	OF INJURY			ile At Not While			
	(APPROX.)		Wo				
	22. I certify that	(i) (this haspital) attended ti	he deceased fram	127	19 72 to	4/27/1972
	that (i) (we) iast	say the decease	d alive an	4/27	1972	and that In(my) (aur)	apinian death accurred an the date
		/) (We) (did) (did nat) v			
	23A. SIGNATURE	1		/ (c/ (did/ (did iid/) V	Tew The body direct	dedilli	23 B. DATE SIGNED
		Kulus		N A AHO	nding Med.	Staff Q1	1 1
	DOG BUILDING	No.		Ca Court	nding Med. Directo	or Phys.	4/27/72
	23C-PHYSICIAN'S NAME (Type)	110.		111	23D. ADDRESS	1	0110
		1191	uebban	Memes M.D.	Jun 1	1 levenul	lefy tall
24/	REMOVAL (Special	ON, 24B. DATE	24C. N	AME of CEMETERY OF CRE	MATORY	24D. LOCATION	(City, town, or county) (State)
	Burial		2 Woo	dlawn Cemet	erv	Baltimore,	Maryland
L		1/-/	_		- V		J. S.

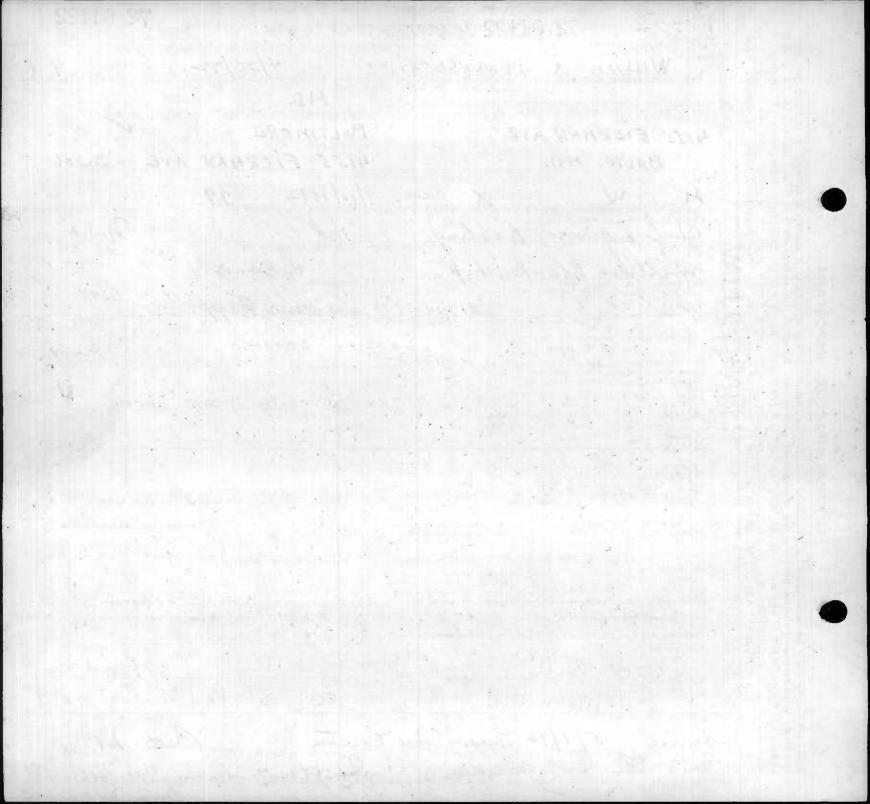
25c. FUNERAL DIRECTOR ADDRESS
Donovan Funeral Home 3818 Roland Ave 25A. DATE REC'D BY HEALTH DEPT. | 25B. NAME OF REGISTRAR

VS 150-REV. 1/1/68



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

6	2 11=0	BALTIMORE CITY	HEALTH DEPARTMENT		72 04122
BR	72 04122 TH NO.	CERTIFICA	TE OF DEATH	REG. NO.	72 04166
1. N	IAME OF DECEASED		2. DATE AND	HOUR OF DEATH	
Пур	WILLIAM A. BLAN	IKENSHIP	4/2	7/72	4 Pm.
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUN		4. USUAL RESIDENCE (Where A. STATE B. COUNTY	deceased lived. If ins	titution; residence before admission)
			MD.)731
HC	LL NAME OF (IF NOT IN HOSPITAL OR INSTITUT ADDRESS OR LOCATION)	HON, GIVE STREET	C. CITY OR TOWN	n INSIP	DE CITY LIMITS?
	TOTOLOGIC			D. 114310	YES TO NO T
2	YIST EIERMAN AVE.		E STREET AND NUMBER		113 [2] 110 []
	BALTU. MD.		4155 EIER	MAN AV	E - 21206
5. 5		NEVER MARRIED	8. DATE OF BIRTH 9.	AGE (In years	If Under 1 Yr. , If Under 24 Hrs.
	M WIDOWED &		7/10/1892	st birthdoy)	Months Doys Hours Min.
IOA	USUAL OCCUPATION (Give kind of work 108, KIND OF		11: BIRTHPLACE (State or foreign	country)	12. CITIZEN OF WHAT COUNTRY?
don	e during most of working life, even if retired)	1.	- 1		0,11
	Chief Engineer Box	ting	ma.		4.S.A.
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAMI	E	
	and ill me hend	inter	Maken	war	
15.	Wos Decrosed Ever in U. S. Armed Forces?	16. SOCIAL	17. INFORMANT		ADDRESS
(Ye	s, no or unknown) (If yes, give wor or dotes of service)	SECURITY NO.		n 11	-alone
	NOV	217-14-3743	mis marie V	app	
	18. 4. 1.2 3 1	CAUSE OF DEATH	1		APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY	C 1 1	0146 400		SET WEEK GROEF ALLO SEATH
	LEADING TO DEATH	(A) IMMEDIATE CAU	DIAC ARRIEST		MMEDIAJIZ
	(This daes not meon the made of dying, e.g., heart loilure, asthenia, etc. It means the disease,		A CONSEQUENCE OF:		
	injury ar complication which coused deoth.)				
	ANTECEDENT CAUSES	ARTH	Die sch Hastie	HERRET 6	ISMISE 2 YRS
	DISEASES OR CONDITIONS, if any, giving	DUE TO, OR AS	RIC SC1 IZRETIC	17 12 19 161	7,170,12
	rise to the obove couse (A) sloting the				
	UNDERLYING CONDITION lost.	(c)			
	11				
O	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
AT	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).			••••••	
ERTIFIC	19A. DATE OF OPERATION 19B. CONDITION FOR WI	HICH OPERATION	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FI	NDINGS CONSIDERED
RT			NO		
ū	21A. ACCIDENT WAS UNDERLYING 21B. P OR CONTRIBUTING CAUSE OF home,	LACE OF INJURY (e.g., in	fice bidg., INJURY OCCUR?	(If In Boltimore	City, give exact location)
AL.	DEATH (notify medical examiner) etc.)	, 10111, 1001017, 311004 011	nee sidge, into at a cook.		
임	21D. TIME (Month) (Doy) (Year) (Hour) 21E. I	INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
MEDI		IIII O KI O O O O IIKEO			
	OF INJURY While	At Not While		KI OCOOK.	
-	(APPROX.) While Work	e At Not While		N. OCOUN.	
	While	At Work	° 🗆		1 A P R L 19 72
	(APPROX.) While Work 22. I certify that (1) (this hespital) extended the	At Work	° □ 19	70 to 2:	
	22. I certify that (1) (this hespital) extended the that (1) (use) last saw the deceased alive an	At Work e deceased from	20n. 19 20n. 19 19 7 2 and that	70 to 2:	
	(APPROX.) While Work 22. I certify that (1) (this hespital) extended the that (1) (wee) last saw the deceased alive an	At Work e deceased from	20n. 19 20n. 19 19 7 2 and that	70 to 2:	ian death accurred an the date
	22. I certify that (1) (this hespital) extended the that (1) (use) last saw the deceased alive an	At Work e deceased from TOPPL (Wa) (AL) (dld not) v	Dun 19 7 2 and that iew the bady after death.	. 70 to	
	(APPROX.) While Work 22. I certify that (I) (this hespital) extended the that (I) (une) last saw the deceased alive an and hour and from the causes stated above. (I) 23A. SGNATURE	At Work e deceased from	Dun 19 19 7 2 and that iew the bady after death. nding Med. Spirector Spirector P	70 to 2:	ian death accurred an the date
	(APPROX.) While Work 22. I certify that (I) (this hespital) extended the that (I) (sup) last saw the deceased alive an and hour and from the causes stated above. (I) 23A. SIGNATURE	At Work e deceased from	Dun 19 7 2 and that iew the bady after death.	. 7.0 to	ian death accurred an the date
	(APPROX.) While Work 22. I certify that (I) (this hespital) extended the that (I) (une) last saw the deceased alive an and hour and from the causes stated above. (I) 23A. SGNATURE	At Work e deceased from	Dun 19 19 7 2 and that iew the bady after death. nding Med. Spirector Spirector P	. 7.0 to	ian death accurred an the date
	(APPROX.) While Work 22. I certify that (I) (this hespital) extended the that (I) (aux) last saw the deceased alive an and hour and from the causes stated above. (I) 23A. SIGNATURE 23C. HYSICIAN'S NAME (Type). BURIAL CREMATION, 124B. DATE 124C. NAME (124C. NAME)	At Work e deceased from	Dun 19 7 2 and that iew the bady after death. Inding Med. Director P	1.70 to 2.7 r In (my) (our) apin hoff hys. PAU 57	ian death accurred an the date
	(APPROX.) 22. I certify that (I) (this hespital) extended the that (I) (and) last saw the deceased alive an and hour and from the causes stated above. (I) 23A. SIGNATURE 23C. HYSICIAN'S NAME (Type). 31. DIXON	At Work e deceased from T APAL (W) (LLL) (did not) v M D DEGREE Phys	Dun 19 7 2 and that iew the bady after death. Inding Med. Director Sp. 23D. ADDRESS 350 S7	1.70 to 2.7 r In (my) (our) apin hoff hys. PAU 57	238. DATE SIGNED 2807172 BAITO. Md
	(APPROX.) While Work 22. I certify that (I) (this hespital) extended the that (I) (and) last saw the deceased alive an and hour and from the causes stated above. (I) 23A. SIGNATURE 23C. HYSICIAN'S NAME (Type). DIXON BURIAL CREMATION, 24B. DATE 24C. NAME (Type). A. BURIAL CREMATION, 24B. DATE 24C. NAME (Type). A. BURIAL CREMATION, 24B. DATE 24C. NAME (Type).	At Work e deceased from T APAL (W-) (LLH) (did not) v AND DEGREE Phys ME of CEMETERY or CRE don Back T	Dun 19 7 2 and that iew the bady after death. Inding Med. Director P 23D. ADDRESS 350 S7 SMATORY 24D. Low	1.70 to 2.7 r In (my) (our) apin hoff hys. PAU 57	238. DATE SIGNED 280 J 72 BAITO. MA y, town, or county) (Stote)
	(APPROX.) While Work 22. I certify that (I) (this hespital) extended the that (I) (aux) last saw the deceased alive an and hour and from the causes stated above. (I) 23A. SIGNATURE 23C. HYSICIAN'S NAME (Type). BURIAL CREMATION, 124B. DATE 124C. NAME (124C. NAME)	At Work e deceased from T APAL (W-) (LLH) (did not) v AND DEGREE Phys ME of CEMETERY or CRE don Back T	Dun 19 7 2 and that iew the bady after death. Inding Med. Director Sp. 23D. ADDRESS 350 S7	1.70 to 2.7 r In (my) (our) apin hoff hys. PAU 57	238. DATE SIGNED 2807172 BAITO. Md
	(APPROX.) While Work 22. I certify that (I) (this hespital) extended the that (I) (and) last saw the deceased alive an and hour and from the causes stated above. (I) 23A. SIGNATURE 23C. HYSICIAN'S NAME (Type). DIXON BURIAL CREMATION, 24B. DATE 24C. NAME (Type). A. BURIAL CREMATION, 24B. DATE 24C. NAME (Type). A. BURIAL CREMATION, 24B. DATE 24C. NAME (Type).	At Work e deceased from T APAL (W-) (LLH) (did not) v AND DEGREE Phys ME of CEMETERY or CRE don Back T	Dun 19 7 2 and that iew the bady after death. Inding Med. Director P 23D. ADDRESS 350 S7 SMATORY 24D. Low	1.70 to 2.7 r In (my) (our) apin hoff hys. PAU 57	238. DATE SIGNED 280 J 72 BAITO. Md y, town, or county) (Stote)



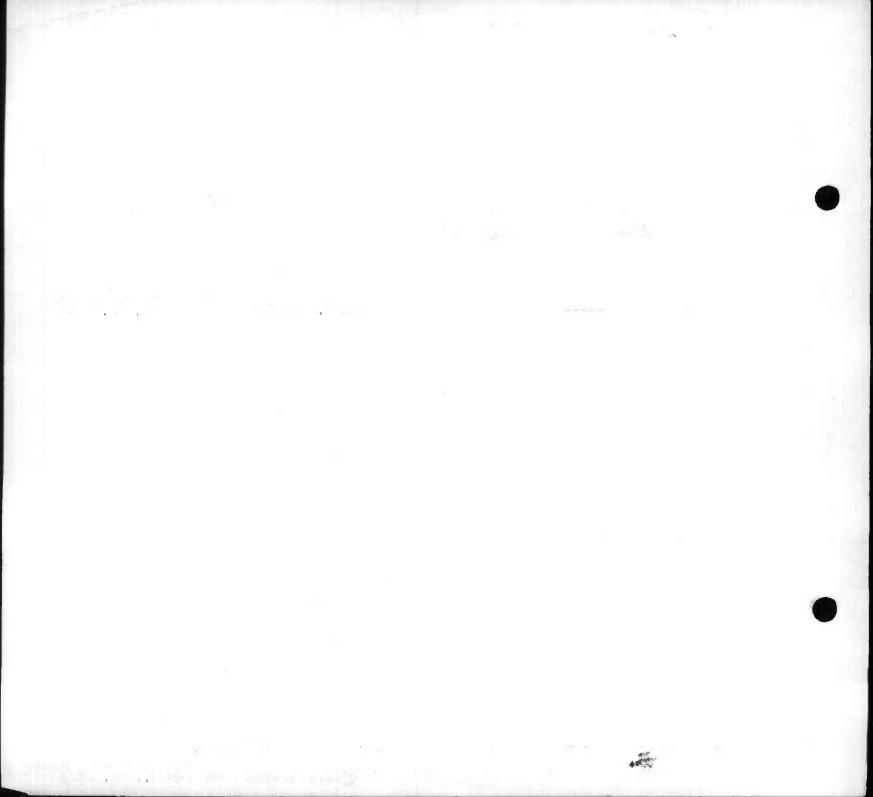
the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was in regular attendance on the This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. written approval must be obtained before the remains are embalmed or final disposition is made. VS 150-REV. 1/1/68

T-Colle	72	04123		HEALTH DEPAR			72 04	1123
BIRTH NO.			CERTIFICA	TE OF DE	ATH	REG. NO		11.00
(Type or Print)						HOUR OF DEATH		_
	EM. 10	RPIEL			4-2	28-72		9:10 AM.
3. PLACE IN BALTIA	AORE, MARYLAND, W	HERE PRONOU	INCED DEAD	A. STATE	ENCE (Where	deceased lived, If i	nstitution: reside	nce before admission)
FULL NAME OF HOSPITAL OR INSTITUTION	ADDRESS OR LOCA	AL OR INSTITU	ITION, GIVE STREET	C. CITY OR TOW	N	D. INS	SIDE CITY LIMITS	303
43				BALTIN E. STREET AND	100E		YES 🔀	NO
			2.7	E. STREET AND	NUMBER			
	9LTIMORE (AL HOSPITAL		MARDA	4ALL ST.		
5. SEX 6.	O DAG	MARRIED WIDOWED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH	llo	AGE (In years	If Under 1 Y Months Day	r. If Under 24 Hrs. Hours Min.
10A, USUAL OCCUPA	ORIENTAL ATION (Give kind of work		BUSINESS OR INDUSTRY	11. BIRTHPLACE	State or foreign	66	12. CITIZEN	OF WHAT COUNTRY?
done during most of wor	king life, even if retired)		yard .	PHILLIP		. ••••	USA	OL MHYL COONIELL
13. FATHER'S NAME				14. MOTHER'S M	AIDEN NAM	E		
JUAN				PLACES	ITE	MATAN	GHAN	
15. Was Deceased Ev	er in U. S. Armed For yes, give wor or date	ces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT		MATAN	A , AP	PRESS
No			217-05-9164-4	Rita A.	Tonniel	12/P+:	Marshall	Street
18. / 6 2	. / 1		CAUSE OF DEAT	H	rorquee	· Luci		PROXIMATE INTERVAL
DISEASE	OR CONDITION DI	RECTLY				2		EEN ONSET AND DEATH
	ADING TO DEATH mean the mode of	dvina o a	(A) IMMEDIATE CAL	SE CARCI	NOMA	O) THE	LUNG	
heart failuse, as	lhenia, etc. Il means	the disease,	DUE TO, OR AS	A CONSEQUENCE (OF:	h =		
	cation which caused TECEDENT CAUSES	aeam.i	WitH G	GNERALI	240 18	NETASTAS	67	
	CONDITIONS, II		(B)DUE TO, OR AS	A CONSCOURNE				***********************
rise to the	abave cause (A)	slating the	DOE 10, OR AS	A CONSEQUENCE	OF;			
UNDERLYING C	ONDITION last.		(c)		~~~~			700-10-10-10-10-10-10-10-10-10-10-10-10-1
Z OTHER SIGNIFICA	11	ATTORNUT AND A						
TO THE DEATH B	NI CONDITIONS COL	IE TERMINAL						
19A. DATE OF OI	DITION GIVEN IN PAR PERATION 198 CON	DITION FOR W	HICH OPERATION	20A. AUTOPSY	(Yes or No)	20B. IF YES, WERE	FINDINGS CON	SIDERED
19A. DATE OF OI	WAS PERF					IN CERTIFYING CA	USES OF DEAT	H?
OR CONTRIBUTION DEATH (notify me	WAS UNDERLYING DISCOURSE OF	21 B. I home etc.)	PLACE OF INJURY (e.g., i form, factory, street, of	or about 21 C. WH	ERE DID	(If th Boltima	re City, give exa	ct location)
-	lanth) (Day) (Year)	(Hour) 21 E.	INJURY OCCURRED	21E HOS	W DID INJUR	V OCCUM		
OF INJURY		While	e At Not While	, _	N DID INJUR	II OCCOR		
	. (1) (-1)	Work		(2 (8 = 3)				
	at (I) (this haspital			7-18-12	19	ta	7-28	19
	st saw the decease		4-28	1972		In (my) (aur) apl	nian death ac	curred on the date
	am the causes stat	ed abave. (1)	(We) (dld) (dld nat) v	ew the bady aft	er death.			
23A. SIGNATURE	0000		Aug	nding Med	Cı		23B, DATE SIG	NED
Celle	weltures	elge)	DEGREE Phys	. LJ Dire	ctor Ph	off 🔯	9-2	28-72
23C. PHYSICIAN'S NAME (Type)	11			3D. ADDRESS				11
EDITH	HON BURG	0		SOUTH B	actim	ORE GEN	EDAL 1	JOSPITAC
REMOVAL (Spec	ify)	24C. NA		MATORY	24D, LOC		ty, town, or cou	nty) (Stote)
Burial	5-2-72	Ho	Ly (ross (eme	tery	Ba	ltimore, M	anyland	
MAY 1 - 19	12 Pale &	258 NAME OF	, , , , , , , , , , , , , , , , , , , ,	25C. FUNERAL	DIRECTOR	12	O, East F)	ont Avenue

130 East

McGully Funeral Home

Fort Avenue



IMPORTANT FUNERAL DIRECTOR:

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

7-530	HEALTH DEPARTMENT
DIKITI 140.	TE OF DEATH REG. NO.
I.NAME OF DECEASED (Type or Print) Leo Framette Smith	2. DATE AND HOUR OF DEATH
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution; residence belose admission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	A. STATE B. COUNTY Maryland 2302
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?
43	Baltimore 21230 YES X NO
South Baltimore General Hospital	E. STREET AND NUMBER 102 West Randall Street
5. SEX 6. RACE 7. MARRIED NEVER MARRIED	R DATE OF BIRTH IO ACE II LIGHT I WILLIAM
Male White WIDOWED DIVORCED	Apr. 6, 1919 9. AGE (In years of Under 1 Yr. II Under 24 Hrs. Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote ar foreign country) 12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if relired) (hecker Moton Freight	Maryland USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Emmette Smith	Ann Elizabeth Feehley 17. INFORMANT 102 West Randall Street
15. Was Deceased Ever in U. S. Armed Forces? [Yes, no or unknown] (If yes, give wor or dotes of service) SECURITY NO.	17. INFORMANT
Yes WW 2 218 03 5255	Emma B. Smith Baltimore, Manuford 21230
18. 4. 10, 91 CAUSE OF DEATH	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Serween ONSET AND DEATH
(A) IMMEDIATE CAU	A CONSEQUENCE OF: My MESSI OF E
heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death.)	A CONSEGUENCE OF:
ANTECEDENT CAUSES	The state of the s
DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS	A CONSEQUENCE OF:
rise to the above cause (A) stating the UNDERLYING CONDITION task (C).	
11	
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
A IDISEASE OR CONDITION GIVEN IN PART 1 (A).	20A AUTOROVA (V N. N. 208 18 900
19A. DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION WAS PERFORMED	20A- AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF	n or about 21 C. WHERE DID (If In Baltimore City, give exact location)
DEATH (notify medical examiner) [etc.)	nea siaga intsakt occurr
21D. TIME (Month) (Doy) (Yeor) (Hour) 21E INJURY OCCURRED OF INJURY While At The Not While	21F. HOW DID INJURY OCCUR?
(APPROX.) While At Work At Work	
22. 1 certify that (1) (this hospital) attended the deceased from	UN. (1972 to April 27 1972
thoy (1) (we) last saw the deceased alive on March 2	ond that in(my) (our) opinion death occurred on the date
and hour and from the causes stated above (1) (We) (did) (did not) v	
23A- SIGNATURE	nding Med. Shaff 4/28/7
OEGREE Phys	Director Phys.
NAME (Type)	23D. ADDRESS
24A- BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY OF CRE	MATORY PAUL PLACE BALTIMORE M
REMOVAL (Specily)	
J - 1 - J. G 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	ial Park Glen Burnie, Maryland 25C. FUNERAL DIRECTOR 120 (TADDRESSA
MAY 1 - 1972 VALUE E. SALES AND OF REGISTRAR	Moully Engenal Home Balto. Md. 21230

VS 150-REV. 1/1/68

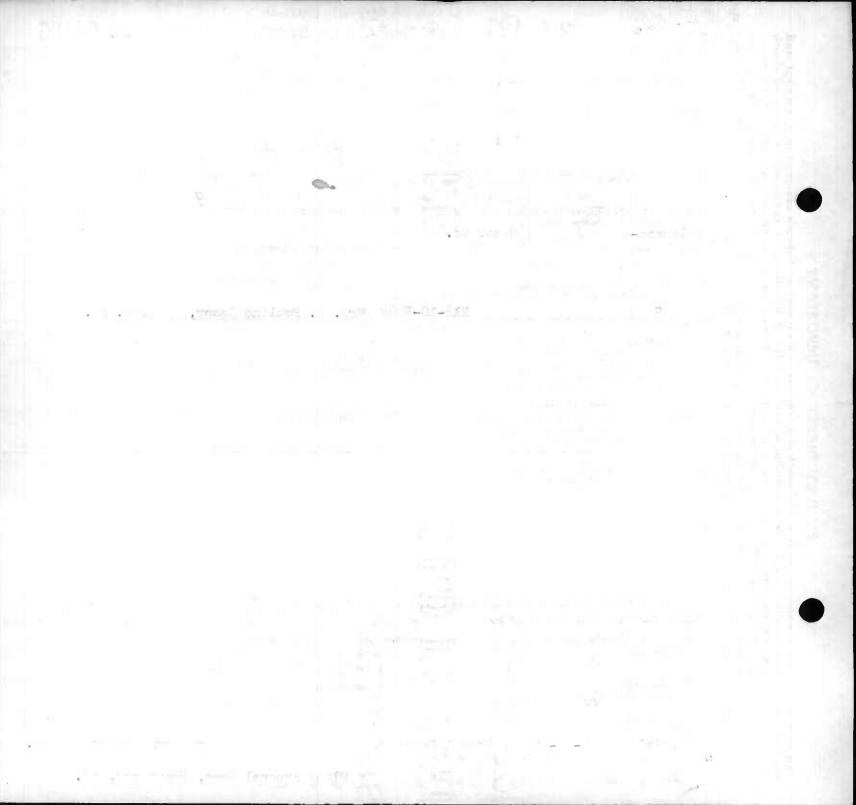
. . .

Such the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased a hospital and was in regular attendance on the deceased prior to death. Also, if the direct or contributing cause the chief medical examiner or his assistant if death occurred in deceased prior to death); and (6) No physician was in regular attendance on the deceased pr written approval must be obtained before the remains are embalmed or final disposition is made. death was D.O.A. at a hospital (except where the physician who pronounced approved by This certificate must be

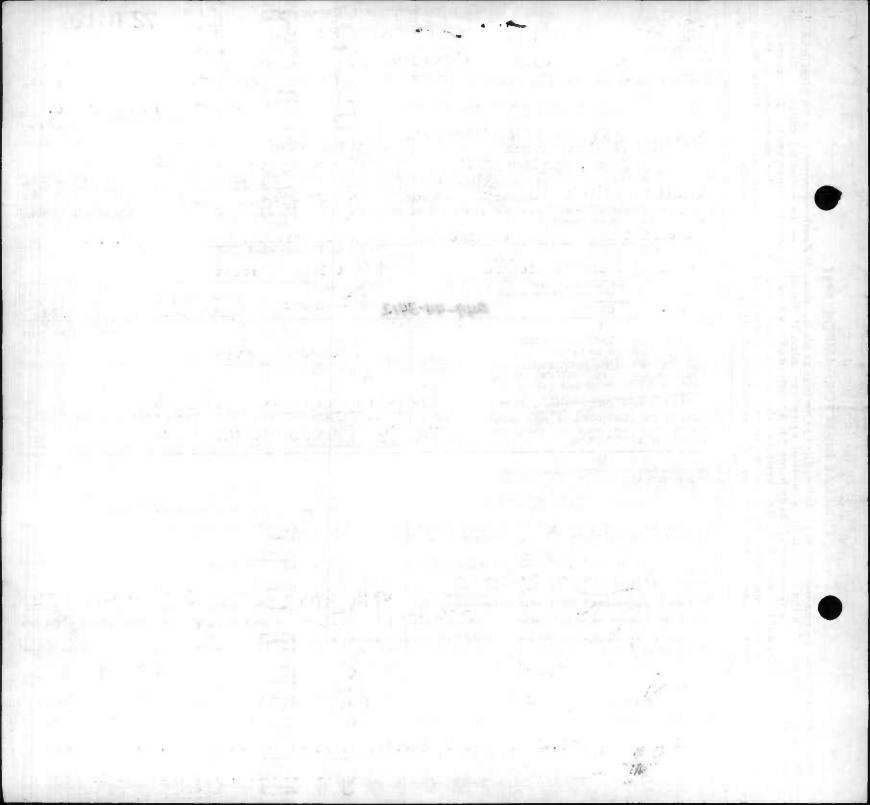
VS 150-REV. 1/1/68

E-526			BALLIMOKE CI	TY HEALTH DEPARTMENT		
	(hu)	4125	CERTIFIC	ATE OF DEATH	REG. NO	72 04125
NAME OF DE		-			AND HOUR OF DEAT	
•		Emor		4-	26-72	1 3 30 AM M Institution: residence before admission)
PLACE IN BAI	LTIMORE, MARYLAND,	WHERE PRONC	OUNCED DEAD	HACSIAIE & COU	INTY	1 1000
JLL NAME OF OSPITAL OR ISTITUTION	(IF NOT IN HOSPI ADDRESS OR LOC	TAL OR INSTI	TUTION, GIVE STREET	Maryland	- Marylo	und County 130 spile City LIMITS?
	Memorial	Hospita	a L_	Baltimore		YES NO NO
44		4		E. STREET AND NUMBER	mbe Avenu	
SEX	6. RACE	7- MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE Iln years	if Under 1 Ys., If Under 24 His.
M	W	WIDOWED		04-19-03	lost birthday	Months Doys Hours Min.
LUSUAL OCC	UPATION (Give kind of wor			RY 11. BIRTHPLACE IState or for	teian country!	12. CITIZEN OF WHAT COUNTRY
ne during most of Balesman	Retired?	Baker		Marylan		U.S.A
FATHER'S NA				14. MOTHER'S MAIDEN NA	AME	
1) (orby S. Enso	R		Mary Mai	1 key	
Was Deceased	Ever in U. S. Armed Fo	rces?	1 & SOCIAL	17. INFORMANT		ADDRESS
No	in year give war of car	Ca Ch acitect	216-10-5469	Mary A. Davidson	. Dunne He	2/3
18. 4/ 5	, 24		CAUSE OF DEA	Mrs. A. Pauline	e Ensor, up	APPROXIMATE INTERVAL
(This does	SE OR CONDITION DI LEADING TO DEATH not mean the mode of		(A) IMMEDIATE C	ny Thrombosi.	- Posterior C	erebred 11
DISEASES	asthenia, etc. It means nplication which caused ANTECEDENT CAUSES OR CONDITIONS, if	s the disease d deoth.) S any, giving	(B) DUE TO, OR A	AS A CONSEQUENCE OF:	arteue	10 clays
DISEASES (asthenia, etc. It means application which caused ANTECEDENT CAUSES	s the disease d deoth.) S any, giving	(B) DUE TO, OR A	S A CONSEQUENCE OF:	artene	
DISEASES (nise to the UNDERLYING OTHER SIGNIF TO THE DEAT	asthenia, etc. It means application which caused ANTECEDENT CAUSES OR CONDITIONS, if a above couse (A)	s the diseased deoth.) S any, giving stating the contributing the contributing the contributing the terminal (A).	(B) DUE TO, OR A	S A CONSEQUENCE OF:	No) 208. IF YES, WER	E FINDINGS CONSIDERED AUSES OF DEATH?
DISEASES (rise to the UNDERLYING OTHER SIGNIFICATION OF THE DEAT DISEASE OR CONTRIBUTION OF C	asthenia, etc. It means application which caused ANTECEDENT CAUSE: OR CONDITIONS, if e above couse (A) G CONDITION last. FICANT CONDITIONS COUSE (A) THE BUT NOT RELATED TO TO CONDITION GIVEN IN PAIR OPERATION 1198. CON	s the diseased deoth.) S any, giving stating the STATE TERMINAL RT 1 (A). NOTION FOR REFORMED	(B) DUE TO, OR A (C) WHICH OPERATION B. PLACE OF INJURY (e.g., fam., foctory, street,	AS A CONSEQUENCE OF:	la) 208, IF YES, WER	E FINDINGS CONSIDERED
DISEASES (rise to the UNDERLYING OTHER SIGNIFICATION OF THE DEAT DISEASE OR CONTRIBUTION OF C	asthenia, etc. It means application which caused ANTECEDENT CAUSES OR CONDITIONS, if e above couse (A) G CONDITION last.	s the diseased deoth.) S any, giving stating the stat	(B) DUE TO, OR A (C) WHICH OPERATION B. PLACE OF INJURY (e.g., fam., foctory, street,	20A. AUTOPSYS (Yes or Notice bidg., INJURY OCCUR)	Na) 20B, IF YES, WER IN CERTIFYING C	E FINDINGS CONSIDERED :AUSES OF DEATH?
DISEASES (fise to the UNDERLYING OTHER SIGNIF TO THE DEAT DISEASE OR CONTRIBLE OR CONTRIBLE DEATH (notify 21A. ACCIDE OR CONTRIBLE DEATH (notify 1APPROXI 22. I certify	asthenia, etc. It means application which caused ANTECEDENT CAUSE: OR CONDITIONS, if e above couse (A) G CONDITION last. FICANT CONDITION S COURT OF CONDITION GIVEN IN PAIR CONDITION GIVEN IN PAIR OF CONDITION GIVEN IN PAIR OF CONDITION GIVEN IN PAIR OF CAUSE OF MEDICAL CAUSE	s the diseased deoth.) S any, giving stating the stat	(B) DUE TO, OR A (B) DUE TO, OR A (C) WHICH OPERATION B. PLACE OF INJURY (e.g., ne, farm, foctory, street, ne, farm, foctory, ne, farm, foctor	20A. AUTOPSYR (Yes or Notice bidg., In or about 1910. WHERE DID office bidg., 1910. WHERE DID in 1910. How DID IN the control of the control	IJURY OCCUR?	E FINDINGS CONSIDERED AUSES OF DEATH? FOR City, give exoct location)
DISEASES (sise to the UNDERLYING OTHER SIGNIN TO THE DEATH (19 A. DATE OF CONTRIBLE DEATH (noify 14 PPROXI 21 D. TIME OF INJURY 14 PPROXI 22. I certify that (i) (we)	asthenia, etc. It means application which caused ANTECEDENT CAUSES OR CONDITIONS, if e above couse (A) G CONDITION last. FICANT CONDITION SCOTTH BUT NOT RELATED TO 10 DOINTON GIVEN IN PAIR OPERATION 198, CONWAS PER NT WAS UNDERLYING DITING CAUSE OF medical examined 1 Month) 1Doy) 1Yeon that (1) (this hospital last saw the decease.	s the diseased deoth.) S any, giving stating the stating sta	(B) DUE TO, OR A (B) DUE TO, OR A (C) WHICH OPERATION B. PLACE OF INJURY (e.g., form, foctory, street, deceased from the deceased from	20A. AUTOPST? (Yes or Notice bidg., INJURY OCCUR?) 21F. HOW DID IN 21F. HOW DID IN 21F. HOW DID IN 21F. HOW DID IN	JURY OCCUR? 19to	E FINDINGS CONSIDERED AUSES OF DEATH? FOR City, give exact location)
DISEASES (sise to the UNDERLYING OTHER SIGNIN TO THE DEATH (19 A. DATE OF CONTRIBLE DEATH (noify 14 PPROXI 21 D. TIME OF INJURY 14 PPROXI 22. I certify that (i) (we)	asthenia, etc. It means application which caused ANTECEDENT CAUSE: OR CONDITIONS, if e above couse (A) G CONDITION last. FICANT CONDITION S CONTINUED TO TO THE CONDITION GIVEN IN PAIR TO PERATION 198. CON WAS PER INT WAS UNDERLYING I CAUSE OF medical examined I (I) (this hospital last saw the deceased from the causes states.	s the diseased deoth.) S any, giving stating the stat	WHICH OPERATION B. PLACE OF INJURY (e.g., me, farm, foctory, street, d) E. INJURY OCCURRED hille At Not Winds At Work the deceased fram 4 - 2 - 2 - 4 - 4 - 2 - 4 - 4 - 2 - 4 - 4	20A. AUTOPSYR (Yes or Notice bidg., In or about 1910. WHERE DID office bidg., 1910. WHERE DID in 1910. How DID IN the control of the control	JURY OCCUR? 19to	E FINDINGS CONSIDERED AUSES OF DEATH? Fore City, give exect location) 4 26 19 72 planton death accurred an the date
DISEASES (sise to the UNDERLYING OTHER SIGNIN TO THE DEATH (194-DATE OF CONTRIBLE DEATH (noify 21D. TIME OF INJURY 1APPROX.) 22. I certify that (i) (we) and haur and	asthenia, etc. It means application which caused ANTECEDENT CAUSES OR CONDITIONS, if e above couse (A) G CONDITION last. FICANT CONDITION S COURT OF THE PROPERTY OF THE PROP	s the diseased deoth.) S any, giving stating the stat	WHICH OPERATION B. PLACE OF INJURY (e.g., me, farm, foctory, street, d) E. INJURY OCCURRED hille At Not Winds At Work the deceased fram 4 - 2 - 2 - 4 - 4 - 2 - 4 - 4 - 2 - 4 - 4	20A. AUTOPST? (Yes or Notice bidg., INJURY OCCUR?) 21F. HOW DID IN 21F. HOW DID IN 21F. HOW DID IN 21F. HOW DID IN	JURY OCCUR? 19to	E FINDINGS CONSIDERED AUSES OF DEATH?

4-29-72 Balto Md. Burial Forest Cemetery Upperco 258. NAME OF REGISTRAR 25A. DATE REC'D BY HEALTH DEPT. 25C. FUNERAL DIRECTOR ADDRESS 377 Eline Funeral Home, Hampstead, Md.



BALTIMORE CITY HEALTH DEPARTMENT REG. NO.			72 04126
	BIRTH NO.		
	(Type of Print) RICHARDS FRANKLIN	2. Date and Hour of Death	11-30 p. M
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE B. COUNTY	
	FULL NAME OF HE NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	SOUTH CAROLINA Spartansburg Co. /	
	RAITIMORE CITY HOSPITALS	CONPEN D. INSID	YES NO NO
	271 4940 Eastern Avenue	E STREET AND NUMBER	7
	Baltimore, Maryland 21224	Route 1, Box 248 C B. DATE OF BIRTH 9. AGE (In years II Under 1 Yr., II Under 24 Hrs.)	
	Male white widowed Divorced	8-9-32 lost birthdoyl 3 9	Months Doys Hours Min.
	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
	Electrician Construction	South Carolina	U.S.A.
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	Gayland Talmadge Richard	Kathleen Garrett	
	15. Wes Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dotes of service) 16. SOCIAL SECURITY NO.	17. INFORMANT 4904 Easte	rn Avenue
	Yes. Korean 249-44-34/2	Baltimore,	Maryland 21224
	DISEASE OR CONDITION DIRECTLY (This does not have the APPAN		
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION WAS PERFORMED	140	NDINGS CONSIDERED SES OF DEATH?
	OR CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF DEATH (notify medical examined)	ffice bldg. INJURY OCCUR?	City, give exact location)
	D 21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED	TRALLOR, CAMPING GROUN	age:
	S OF INJURY April (9/9)2 Gau While At Not While At Work At Work	Deceased strell a mala	in faulty propere
	22. I certify that (1) (this hospital) attended the deceosed from	a the April 19 /2 to 2/	1 108 1972
	that (1) (we) lost saw the deceased alive an 27th April 1972 and that In (my) (our) opinion death occurred on the date		
	and hour and from the couses stated abaye. (1) (We) (did) (did not) view the bady after death.		
	Attending Med. Staff 28th April)2		
	PANDYA, KIRIT K. BALTIMORE CITY HOSPITALS.		
	24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (State)		
burial May 1, 1972 Sunset Memorial Cemetery Spartansburg, 25A. DATE REC'D BY HEALTH DEFT. 125B. NAME OF REGISTRAR 125C. FUNERAL DIRECTOR			, South Carolina
	MAY 1 = 1079 Re & R J. R. T.	Dippel Brothers, Inc 71:	ADDRESS
	VS 150-REV. 1/1/68		10 Belair Rd ore, Md 21206
			1 M FTCA()



Įιιy	AME OF DECE	ASED	OILL	CERTIFICA	TE OF DEATH	ND HOUR OF	DEATH	
	pe or Print)		• SM	ITH	Apr		1972	14,451
3.	PLACE IN BALTI	MORE MARYLAND, W	HERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (WI	ere deceased liv	ed. If institution	residence before admiss
FU	LL NAME OF	OF NOT IN HOSPIT	AL OR INSTIT	UTION, GIVE STREET	Maryland	-	Arundel	522
IN	SHITAL OR	ADDRESS OR EOCA	VIION)		C. CITY OR TOWN		D. INSIDE CITY	LIMITS?
,	South	Baltimore	Gen'l	Hospital	Glen Burnie		YES	NO X
1	3					h Charte	er Road	
5. 5		RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In year		der 1 Ye If Under 24 h
	1ale	White	WIDOWED	DIVORCED	April 17/1926	64.50	Month	s Doys Hours Min
don	. USUAL OCCUP during most of wo	ATION (Give kind of work orking life, even it retired)	108 KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	eign countryl	12. CI	TIZEN OF WHAT COUN
	1echanic		Valvo	Land	Petersburg.	W. Va.		USA
13.	FATHER'S NAM				14. MOTHER'S MAIDEN NA	ME		- Collins
15		m Smith			Zella	Ours		
(Yes	, no or unknown) (ver in U. S. Armed Fore If yes, give wor or date:	s of service)	SECURITY NO.	17. INFORMANT			ADDRESS
	No 18.	None		235-32-6526	LITES LITTUTED	M. Smit	h Sam	es as #4
	4/0	OR CONDITION DIR	ECTIV	CAUSE OF DEAT	н			APPROXIMATE INTERVA
	L	EADING TO DEATH		(A)IMMEDIATE CAU	or Oputo N	T -		
	heort loilure, os	meon the mode of thenio, etc. it meons	the disease.		A CONSEQUENCE OF:	***************************************	***************************************	
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- [AN	ITECEDENT CAUSES			1 X 1			1
- 1	DISCASES OF			(B) H 3	(H)			
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	rise to the	CONDITIONS. If a	ny, giving sloling the	(B) DUE TO, OR AS	A CONSEQUENCE OF:			
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WEDICAL CERTIFICATION	OTHER SIGNIFICATION OF THE DEATH IN DISEASE OR CONTRIBUTION OF CONTRIBUTION OF INJURY (APPROXI) 22. I certify the heat (I) (we) log and hour ond find the contribution of the contributio	CONDITIONS, if obove couse (A) CONDITION tost. II ANT CONDITION SCONDITIONS CONDITION GOVERNING THE ATED TO THE	Sloting the STRIBUTING E TERMINAL 1 (A). DITION FOR WORKED 218, home etc.) (Hour) 218. Whill Work attended the allive on the adobove. (I) Ramir 24C.NA	(c)	20A. AUTOPSY? (Yes or N No 1 or ebout 21C. WHERE DID fice bldg. INJURY OCCUR? 21F. HOW DID IN. 21F. HOW DID IN. 19 and the lew the bady after death. Iding Med. Director Directo	OURY OCCUR? Shoff Phys. OCATION OTIVE,	collimore City, gi	re exect location) 19 19 16 occurred on the docurred on the

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-	1-300	72	041	BALTIMORE CITY	TE OF DEATH	REG. NO	72 04128
BUR	TH NO.	ASSD		CLRTITICA	IL OI DLAIN	1	
	pe ar Print)	ABRAHAM	FEIT			RIL 27, 1972	12.35 P.
3.	PLACE IN BALT	MORE MARYLAND, W	HERE PRONO	UNCED DEAD		here deceased lived, It is	nstitution: residence before admission
HO	LL NAME OF DSPITAL OR STITUTION	(IF NOT IN HOSPIT, ADDRESS OR LOCA	AL OR INSTIT	TUTION, GIVE STREET	MARYLAND C. CITY OR TOWN	DALTO D. (NS	IDE CITY LIMITS?
	MARYLAND	GENERAL HOS	PITAL		BALTIMORE		YES XX NO
1	+8				E. STREET AND NUMBER 4420 EVA MA	Y ROAD, APT.	2 A #21215
5. :	SEX	S. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (in years (ast birthday)	If Under 1 Ya . If Under 24 Hrs Manths Doys Hours Min.
	MALE	WHITE	WIDOWED		12-19-1920	51	Months Doys Hours Min.
		orking life, even if retired)	1	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	oreign country!	12. CITIZEN OF WHAT COUNTRY
13.	FATHER'S NAM		brite co	VER CO.	BALTIMORE, MA		USA
	SAMUEL					AME	
15		FEII	?	11.6 50.0141	ANNA KOVITZ		
(Ye	s, no or unknown)	ll yes, give war ar dote	s of service)	SECURITY NO.	17. INFORMANT		ADDRESS
	YES	W.W. II		217-16-5643 CAUSE OF DEATH		, 4420 EVA M	MAY RD., APT. 2A #15
	(This does no heart failure, a injury ar comp	OR CONDITION DIS EADING TO DEATH It meen the mode of schenia, etc. It means lication which caused NTECEDENT CAUSES	dying, e.g., the disease, death.)	DUE TO, OR AS	SE Bent Cover A CONSEQUENCE OF:	nary Thromb	BETWEEN ONSET AND DEATH
	rise la lhe	abave cause (A) CONDITION last	staling the	(C)	1550 (1-0-1-5-0-1-5-0-5-5-5-5-5-5-5-5-5-5-5-5-		***************************************
CERTIFICATION	TO THE DEATH	ANT CONDITIONS COI BUT NOT RELATED TO TH NDITION GIVEN IN PAR	IE TERMINAL	***************************************			200000000000000000000000000000000000000
RTIFIC		PERATION 198. CON	DITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes or	No. 208, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED
CAL	21A. ACCIDENT OR CONTRIBUT DEATH (notify n	WAS UNDERLYING DING CAUSE OF		ie, form, factory, street, af	or about 21 C. WHERE DID	(Il In Bollimor	re City, give exact (acotton)
MEDI	21 D. TIME (OF INJURY (APPROX.)	Manth) (Doy) (Year)		INJURY OCCURRED ILLE At Work At Work	21F. HOW DID IN	IJURY OCCUR	
	22. I certify the	hat (I) (this hospital			Dec	19 6 9 to b	April 27 1977
		ost saw the decease					nian death occurred on the dot
			ed abave. (I	l) (We) (did) (did not) v	lew the bady after death	•	
	23A. SIGNATURI	Nathank	S. Na	edle scars Atter	Med. Director	Stoff Phys.	23R DATE SIGNED 4/28/72
	23C. PHYSICIAN NAME (Typ	S	. , , , ,	DEGREE	3D. ADDRESS	,	
	TAME THE	NATHAN :	NEEDLE	4 1 4	6506 PARK HEIG	HTS AVENUE	
24A	REMOVAL (Sp.	ATION, 24B. DATE	24C.N/	AME of CEMETERY of CRE	MATORY 24D.	LOCATION (Ci	ity, town, or county) (Stole)
25A	BURIAL DATE REC'D B	4-28-72 Y HEALTH DEPT.	DER NAME C	SINAI BENEVOI	25C. FUNERAL DIRECTO		ADDRESS
VS	150-REV. 1/1/68	112 Rolling E	18-Day	7 2 0 0	SOL LEVINSON	BROS.,601	O REISTERSTOWN ROA

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the body was released shows: (1) An accident o was D.O.A. at a hospite

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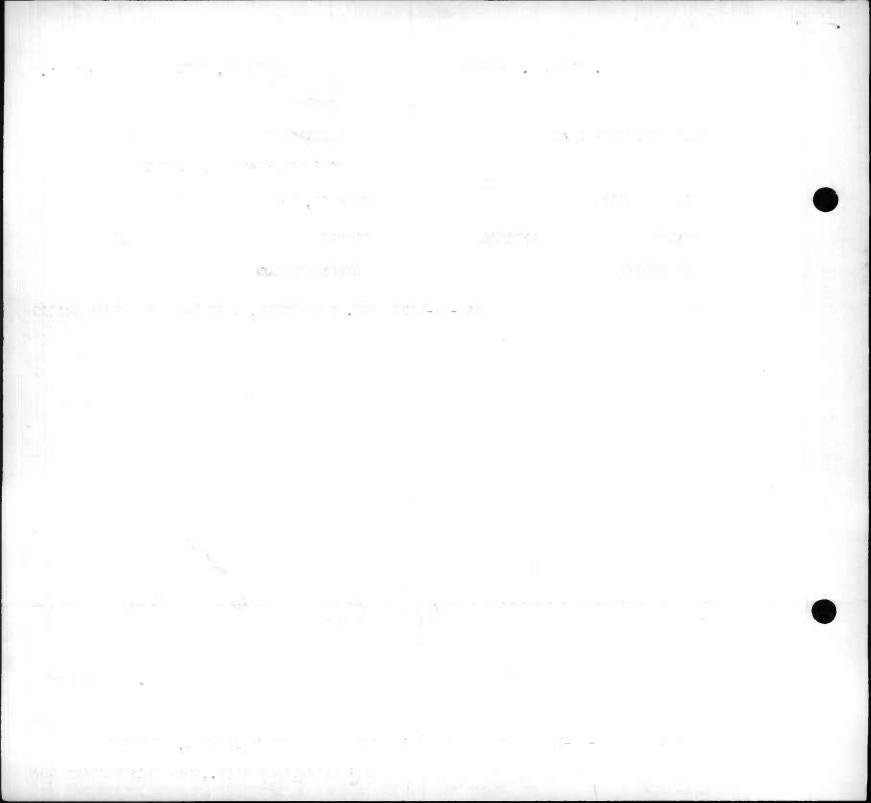
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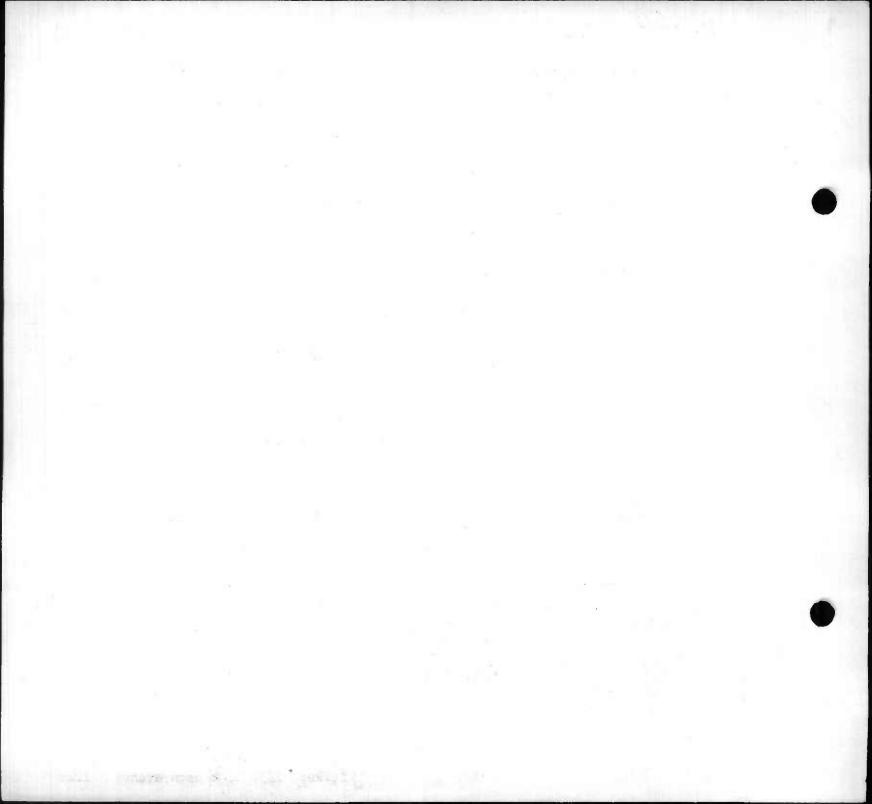
approval

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH I NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) DR. HYMAN W. SCHIFF APRIL 26, 1972 5:45 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission)
A. STATE
B. COUNTY MARYLAND FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C. CITY OR TOWN D. INSIDE CITY LIMITS? 4023 FALLSTAFF ROAD BALTIMORE YES XX NO E. STREET AND NUMBER 4023 FALLSTAFF ROAD #21215 5. SEX 6. RACE 8. DATE OF BIRTH MARRIED X NEVER MARRIED 9. AGE (in years lost birthday) Il Under 1 Ya Hours Min. MALE WHITE WIDOWED DIVORCED MARCH 12 1909 63 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if refired) DOCTOR MEDICAL RUSSIA USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME MAX SCHIFF ETHEL WOLFSON 15. Was Deceased Ever in U. S. Armed Forces 1 6. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (Il yes, give wor or dotes of service) SECURITY NO. NO 212-44-9174 MRS. IDA SCHIFF, 4023 FALLSTAFF ROAD #21215 18. CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIATE CAUSE MYOCARDIAL Judden (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: heart foilure, osthenio, etc. It means the disease, injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving DUE TO, OR AS A CONSEQUENCE OF rise to the above couse (A) stating the UNDERLYING CONDITION lost 11 ICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING PER CHOKESTEROLEMIA TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) 19A, DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED 30 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? (If In Boltimore City, give exoct location) DEATH (notify medical examined MEDI 21D. TIME (Month) (Doy) (Year) (Houd 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY While At Not While ! (APPROX) At Work 22. I certify that (1) (this hospital) attended the deceased fram that (1) (we) last saw the deceased alive on. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (1) (We) (did) (did not) view the body after death. 23 B. DATE, SIGNED Attending | Director Phys. 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS OSED4 ALUER7 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 24C. NAME OF CEMETERY OF CREMATORY 24D, LOCATION (City, town, or county) (Stote) BURIAL 4-28-72 BETH EL MEMORIAL PARK RANDALLSTOWN, MARYLAND 25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR

25C. FUNERAL DIRECTOR LEVINSON BROS.,6010 REISTERSTOWN ROAD VS 150-REV. 1/1/68



	M-450 72 0413		HEALTH DEPARTMENT	70 04400	
11	RTH NO.	CERTIFICA	TE OF DEATH REG. NO	· ~ ~ U413U	
	NAME OF DECEASED		2. DATE AND HOUR OF DE	ATH	
1 2	Mary Moylan		april 29	1972 5-13P M.	
3.	PLACE IN BALTIMORE MARYLAND, WHERE PR	ONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. A. STATE B. COUNTY	If institutions residence before admission)	
FLH	JLL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)	ISTITUTION, GIVE STREET	Maryland Baltimore	INSIDE CITY LIMITS?	
	Alandar Higun Shung	' Named	Woodlawn	YES NOT	
(Harbar View nurs	ty	E. STREET AND NUMBER 1809 Forest Park Avenu		
5.		NEVER MARRIED	8. DATE OF BIRTH 9. AGE (in years		
	F WIDON	VED DIVORCED	2 /5/1892 last birthdoyl	If Under 1 Ye, If Under 24 Hrs. Months Doys Hours Min.	
do	A. USUAL OCCUPATION (Give kind of work 10B, KIN) ne during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or foreign country)	12. CITIZEN OF WHAT COUNTRY?	
		************		USA	
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
15	GOZEBA WORR		3001111	KEEFE	
(10.	Was Deceased Ever In U. S. Armed Forces? sono or unknown) (11 yes, give wer or dotes of servi	ce) 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS	
	NO -	220-27-76	39		
	18. 7 40. 9	CAUSE OF DEATH	H	APPROXIMATE INTERVAL	
	DISEASE OR CONDITION DIRECTLY			BETWEEN ONSET AND DEATH	
	LEADING TO DEATH	(ANIMMEDIATE CAU	SE HEART FAILURG	INSTANT	
	(This does not mean the mode of dying, heart failure, asthenia, etc. It means the dise injury or complication which caused death.)	P.C.	A CONSEQUENCE OF:		
	ANTECEDENT CAUSES	ISCHER	MIC HEART DISEAS	E CHR	
	DISEASES OR CONDITIONS, if any, give	(B)	A CONSEQUENCE OF:		
	nise to the above cause (A) stating UNDERLYING CONDITION lost	AL.	ETES MELLITUS	Chronic	
		(c)	res viceellos	90,010	
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTION THE DEATH BUT NOT RELATED TO THE TERMIN	NG IAL			
U	DISEASE OR CONDITION GIVEN IN PART 1 (A).	OF WHICH OSERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES. WE		
ERTIF	WAS PERFORMED	OK WINCH OFERAHOR	NO IN CERTIFYING	ERE FINDINGS CONSIDERED CAUSES OF DEATH?	
AL CE	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examined	21B. PLACE OF INJURY (e.g., in home, farm, foctory, street, off etc.)	n or obout 21 C. WHERE DID (If in Boltifice bldg., INJURY OCCUR?	imore City, give exact location)	
U					
AEDI	21 D. TIME (Month) (Doy) (Year) (Hour) OF INJURY	21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?		
<	(APPROXI	While At Not While Not Work	· 🗆		
	22. I certify that (I) (this haspital) attende	d the deceased from	SEPT. 22 1970 to A	pruc 29 1972	
	that (1) (ve) last sow the deceased alive	on Apric 29	19 77 ond that in (my) (out)	opinion death occurred on the date	
	and hour and from the causes stated above	(Me) (did) (did not) vi	iew the body after death.		
	23A. SIGNATURE	11		23 B. DATE SIGNED	
	L- Zawn C tu	402 MD Atter	Med. Stoff Phys.	April 29 1972	
	23C. PHYSICIAN'S NAME (Type) EDWIN C. FUL	DEGREE	3D. ADDRESS		
24/		NAME OF CEMETERY OF CRES	HUP INA	RYLAND	
	REMOVAL (Specify)			(City, town, or county) (Stotel	
_	Burial 5/2/72	New Cathedral	Baltimore,	Maryland	
25/		E OF REGISTRAR	Witzke, 1630 Edmonds	on Avenue 21228	
VS	150-REV- 1/1/68		to any a grand for the second		



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	hosp	150	(5)	ance	dea		
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	CCUL	ntrib	rmin	Juge	pest	B LL	
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	if de	oct o	t) Un	WGS	the	posit	
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IREC	II ex	0X0	(3)	W nt	in	15 ar	
ורם	odice	dical	urns;	ysicio	Was	mair	
FUNERAL DIRECTOR: IMPORTANT	approved by the chief medical examiner or his assistant if death occurred in a hospital and	I me	dy b	hd e	ician	he re	
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	by th	pital	re; (;	wher	°N°	Jeq F	
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	be c	sed t	ent of	pita	eath	ust b	
	mus	peled.	ccide	a hos	to d	מוש	
	his certificate must be	Was r	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	Lati	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	prov	-
	ertif	ody	2: (1)	D.O.	pest	do us	
	This c	the body was released	Show	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	Jecep	written approval must be obtained before the remains are embalmed or final disposition is made.	

	M 100		HEALTH DEPARTMENT		
Bt	72 04	131 CERTIFICA	TE OF DEATH	REG. NO	72 04131
1,1	AME OF DECEASED			HOUR OF DEATH	
"	po or Print) MEYER. RENE	PIERRE	APRI	L 30, 197	2 1 9:55A M
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (Where A. STATE B. COUNT	deceased lived, If in	stitution: residence before admission)
	ILL NAME OF (IF NOT IN HOSPITAL OR IN	STITUTION, GIVE STREET	MARYLAND	HOWARD	21043
IN	STIPTION RATE OF STIPLE	MENDED	C. CITY OR TOWN		DE CITY LIMITS?
	4 ST. AGNES H	IOSPITAL - 2-72	ELLICOTT CIT	Y	YES NOX
	10	10SPITAL 5,3-72	4022 HIGH PO	INT RD.	6300
	SEX 6. RACE CAUCASIAN WIDOW		07 01 05	ost birthdoyl	onths Days Hours Min.
10/	USUAL OCCUPATION (Give kind of work 108, KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	n country)	12. CITIZEN OF WHAT COUNTRY?
	e during most of working life, even if rettred) OFFICE BUTOR WHOL	ESALE !	FRANCE		U.S.A.
	FATHER'S NAME		14. MOTHER'S MAIDEN NAM	E	0.01.
I	PIERRE MEYER		JULIE (FAIYRE)	
5. (Ye	Was Deceased Ever in U. S. Armed Forces? s, no or unknown) (If yes, give war or dates of service	1 6. SOCIAL SECURITY NO.	17. INFORMANT & WILK	ENS AVES	BALTONESMD . 21229
		JEGORIII NO.			HOSPITAL-CATON
	18.4/2,4	CAUSE OF DEATH			APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY				BETWEEN ONSET AND DEATH
	LEADING TO DEATH (This does not mean the mode of dying, e	(A) IMMEDIATE CAU		luc	2 days
	heart failure, asthenia, etc. It means the disea injury or complication which caused death.)	DUE TO, OR AS	A CONSEQUENCE OF:		
	ANTECEDENT CAUSES	C.	1 / .		1
	DISEASES OR CONDITIONS, if any, giv	(B) DUE TO, OR AS	A CONSEQUENCE OF		0 090
	rise to the above cause (A) stating UNDERLYING CONDITION last.	the (c) arle	io sclerali	Cado L	Ion lefron
	11		^		
NOL	OTHER SIGNIFICANT CONDITIONS CONTRIBUTION THE DEATH BUT NOT RELATED TO THE TERMIN	16 Relie	il Basila	Drew	- 1- Das
CAI	DISEASE OR CONDITION GIVEN IN PART 1 (A).		120 A		9
ERTIFIC	WAS PERFORMED	OR WHICH OPERATION	NO	IN CERTIFYING CAU	INDINGS CONSIDERED
CEI	21A. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF	21 B. PLACE OF INJURY (e.g., it	1,10	(II In Boltimore	City, give exact location)
CAL	DEATH (notify medical examined)	home, form, factory, street, of etc.)	ice bldg. INJURY OCCUR?		
MEDIC	21D. TIME (Month) (Day) (Year) (Hour)	21E INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
E		While At Work Not While At Work			
	22. I certify that (1) (This bospital) attende		PRII 12 10	72 . APD	11 20 72
	that (1) (Ye) last saw the deceased alive a			72 10 APR	
	and haur and from the causes stated abave	_		In (my) (X(r) opin	tan death accurred on the date
	23A. SIGNATURE	· (1) (MA) (did) (4(A not) VI	ew the bady after death.		23B, DATE SIGNED
	Chi Tan	Atte	ding Med. S	loff [7]	al la da
	23C. PHYSICIAN'S NAME (Type)	DEGREE Phys	3D. ADDRESS	hys. 🗀	4/30/72
	NAME (Type)	- T . T	5171 111	m 7 1/10.	2/250
244	BURIAL CREMATION, 248. DATE 24C	NAME of CEMETERY OF CRE	MATORY 24D. LOG	TATION (City	
.7	REMOVAL (Specify)	St. John's	240. LOC	ATION (CIT)	, town, or county) (State)
Z5A	- DATE SEC'D BY HEALTH DET. 258. NAM	E OF REGISTRAL	25C FUNERAL DISCOUR	MOWA	RD COUNTY, Md
		Been M.D.	25C. FUNERAL DIRECTOR		THE ELLICOTT
V5	150-REV, 1/1/68	1300	FUNERAL HOME	- HARAY 4	112116 4174
	1 /	e din her	0 1 2 0		

<	3-600 72 04132 BALTIMORE CIT	Y HEALTH DEPARTMENT
ВІ	CERTIFICA	ATE OF DEATH REG. NO. 72 114 132
	NAME OF DECEASED PRINT ALBERT A. SAWYER	2. DATE AND HOUR OF DEATH
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived If institution: residence before admission) A. STATE B. COUNTY
H	JLL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	Mary Land 2864 Gairy OR TOWN ID. INSIDE CITY LIMITS?
	utherau Hospital of Maryland	Baltimore YES NO
	4-6	4604 Manordean Road
1	SEX 6. RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH 9. ADE (in years last birthday) 8 If Under 1 1/6. If Under 24 Hrs. Months Doys Hours Min.
da	A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY ne during most of working life, even if retired)	The state of the s
	Retired Machinist	Mary Land USA
113.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Late Samuel Sawyer	Late Sarah
15. (Ye	Was Deceased Ever in U. S. Armed Forces? s,no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	17. INFORMANT ADDRESS
		Mrs. Carrie Sawyer, 4604 Manordene Road 24229
	18. 436. 9 1 CAUSE OF DEAT	H APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	11PA-MIA
	(A) IMMEDIATE CAI This does not mean the mode of dying, e.g., heart failure, asthenia, etc., il means the disease, injury at camplication which caused death.)	A CONSEQUENCE OF:
	ANTECEDENT CAUSES	and RENAL SHURDOWN
	(8)	A CONSEQUENCE OF:
	rise la lhe above cause (A) staling the UNDERLYING CONDITION last, (C)	
	11	***************************************
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	***************************************
CERTIFICATION	19A-DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
MEDICAL C	21A. A CCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., home, form, foctory, street, old.)	n or about 21C. WHERE DID (If in Boltimore City, give exact lacation) (If in Boltimore City, give exact lacation)
AEDI	21D. TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
	(APPROX.) While At Work Not While At Work	
	22. I certify that (1) (this haspital) attended the deceased from	4-1-19/2 to 4-21-19/2
	that (1) (we) last saw the deceased alive on 4-27-	19 72 and that in (my) (our) apinian death occurred an the date
	and have and from the causes stated above. (1) (We) (did) (did hat) v	iew the bady after death.
	23A- SIGNATURE AND AHO	nding Med. Stoff V 23B, DATE SIGNED
	DEGREE Phys	23D. ADDRESS
	SAMUEL J. LOWW. DIGGER	Lutheran Hospital, Balto, Md., #16.
247	REMOVAL (Specify) 24B. DATE 24C. NAME OF CEMETERY OF CRE	MATORY 24D. LOCATION (City, town, or county) (State)
Bu	rial 5/1/72 Cedar Hill Cemet	tery Glenburnie, Maryland
25/	DATE RECTO BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C, FUNERAL DIRECTOR ADDRESS Witzke, 4630 Edmondson Ave., 21228
VS	150-REV. 1/1/68	

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(4) Undetermined cause; (5) Deceased

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any nature; (2) Body burns;

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90 hospital death)

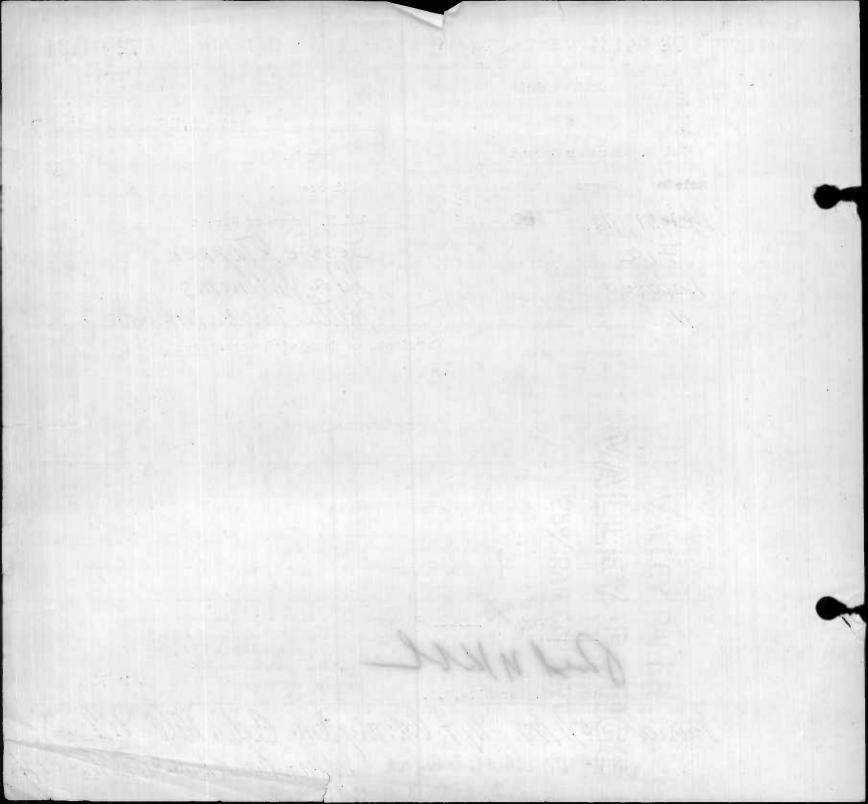
An accident

approved

assistant if IMPORTANT DIRECTOR: medical FUNERAL by

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) POOLE, BABY GIRL 04 4. USUAL RESIDENCE I Where deceased lived, If institution; residence 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD A. STATE B. COUNTY FULL NAME OF HOSPITAL OR INSTITUTION MARYLAND (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) BALTIMORE C. CITY OR TOWN D. INSIDE CITY LIMITS? ST AGNES HOSPITAL BALTIMORE YES NO X E. STREET AND NUMBER 5112 S ROLLING ROAD 21227 made 5. SEX 6. RACE 8. DATE OF BIRTH 9. AGE (In yeors If Under 1 Yr. MARRIED NEVER MARRIED If Under 24 Hrs. Min 16 lost birthday CAUCASIAN FEMALE 15 72 0 WIDOWED DIVORCED [10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? disposition done during most of working life, even if retired) INFANT MARYLAND U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME RAY POOLE BARBARA ANN (ALBRITTON) 15. Was Deceased Ever in U. S. Armed Ferces? (Yes, no or unknown) (If yes, give war or dates of service) 6. SOCIAL 17. INFORMANT or final SECURITY NO. HOSPITAL RECORDS AGNES CATON & NO AVES BALTO MD WILKENS APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH 1This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) mentrone I seone ANTECEDENT CAUSES Gre DISEASES OR CONDITIONS, If any, giving rise to the above cause (A) stating the remains UNDERLYING CONDITION Jost CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). the 19A. DATE OF OPERATION 119B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED YES before 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218 PLACE OF INJURY (e.g., in or about 21C, WHERE DID hame, farm, factory, street, office bldg., INJURY OCCUR? (If In Boltimore City, give exact location) MEDICAL DEATH (notify medical examined obtained (Month) (Doy) (Year) (Hour 21 E INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY While At [Not While (APPROX.) Work At Work 22. I certify that (1) (this hospital) attended the deceased from 04 and that In (My) (our) opinion death occurred on the date that (1) (we) lost sow the deceased alive on pe and hour and from the causes stated above. (A) (We) (did) (XXXXt) view the body after death. must 23A. SIGNATURE 23B. DATE SIGNED Attending [Escalono Med. approval Director 23C. PHYSICIAN'S NAME (Type) 23 D. ADDRESS St. Agnes Hospital 25CACA41 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) written 4/28/72 burial New Cathedral Cemetery Baltimore, Maryland 25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS Witzken 1630 Edmondson Ave., 21228 VS 150-REV. 1/1/68

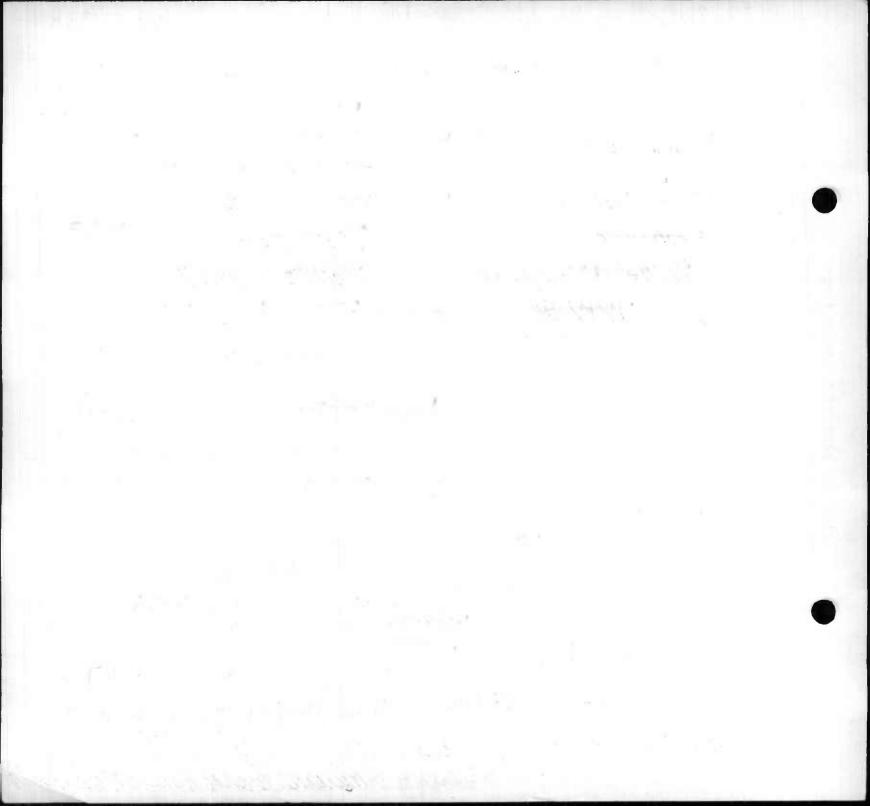
9 F 3 - THE PROPERTY OF THE PARTY OF TH 4 y h The second secon The state of the s



This certificate must be approved by the chief medical examiner or his assistant if deoth occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of deoth shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined couse; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to deoth. Such written approval must be obtained before the remains are embolmed or final disposition is made.

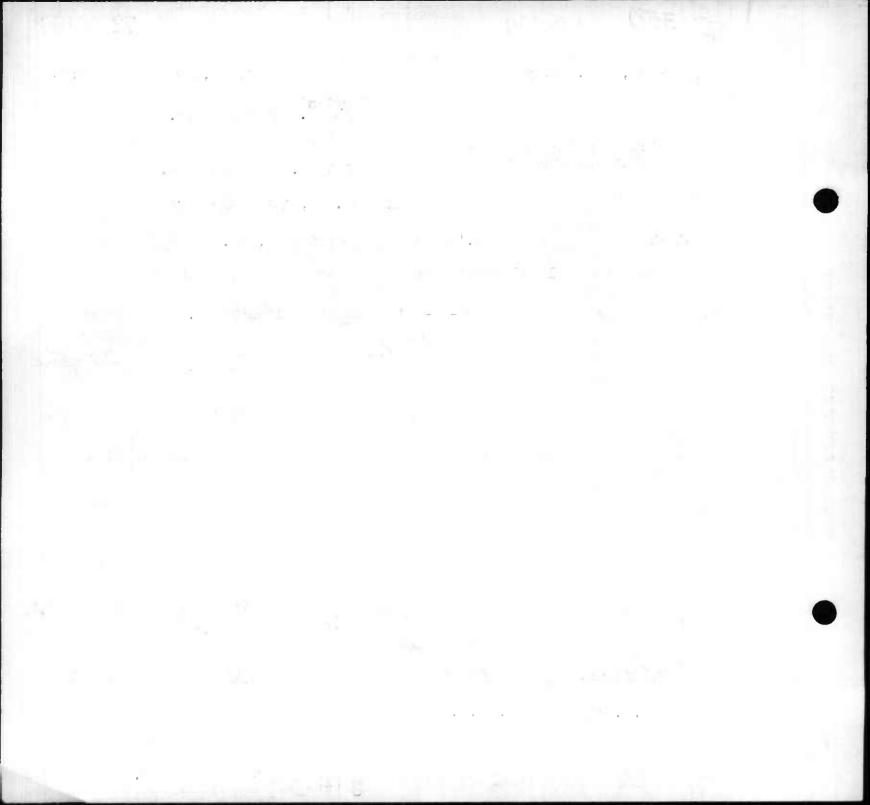
VS 150-REV. 1/1/68

5-5/2 72 04135 BALTIMORE CIT	Y HEALTH DEPARTMENT 72 04135
BIRTH NO. CERTIFICA	ATE OF DEATH
1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH
3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD	Lee 4-26-72
STEASE IN SALIMORE MARILAND, WHERE FRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before admission) A. STATE B. COUNTY
FULL NAME OF IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATIONI	C. CITY OR TOWN D. INSIDE CITY LIMITS?
University of Maryland Hospital	E. STREET AND NUMBER
38	280 N. The ug ton Tho.
5. SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (in years II Under 1 Yt., II Under 24 Hrs. Months; Doys ; Hours; Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRI	4-14-57 20
done during most of working life, even if refired)	111. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Willie Campson	Manie Pictet
15. Wos Deceosed Ever in U. S. Armed Forcest? (Yes, no ar unknown! (If yes, give wor or dotes of service) SECURITY NO.	17. INFORMANT ADDRESS
100 11100 10/870-9880	
18. 431.0 1+ 303.2 CAUSE OF DEAT	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	USE vistra cerebral humordrage 18 his
licent minute, damento, etc. il medita me disease,	A CONSEQUENCE OF:
ANTECEDENT CAUSES	1. 2
(B) My	A CONSEQUENCE OF
rise to the above cause (A) slating the	
ONDERLYING CONDITION last, (C)	**************************************
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	al cololism crears
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	***************************************
O THER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 1994 DATE OF OPERATION WAS PERFORMED WAS PERFORMED	20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., lorm, foctory, sheet, o	in or obout 21 C. WHERE DID (If In Boltimore City, give exect location)
DEATH (notify medical examined	
OF INJURY (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED	215. HOW DID INJURY OCCUR?
(APPROX.) Work At Work	LI
22. I certify that (i) (this hospital) attended the deceased from	- 19 12 to 19 14
that (i) (we) last saw the deceased alive on 4-26-72	
and hour and from the causes stated abave. (I) (We) (did) (did not)	
Atte	anding Med. Staff M L26-7 2
23C. PHYSICIAN'S NAME (Typel)) () () () () () () () () (Inding Med. Staff Phys. 23D. ADDRESS
Wolfram KEICHL	Unio. Manyane Hospital Dulto Md.
24A. BURIAL CREMATION, 24B. DAYE 24C. NAME of CEMETERY OF CRI	EMATORY 249. LOCATION (Sing Jown or county) (Stole)
134101 4/24/12 HIT (10/10/10)	Min. Ballo. 41/di
MAY 1 - 1972 Page & Sales	25C. FUNERAL DIRECTOR ADDRESS
MULT DIE MORE CAMERAL DE	O TOUR FROMMEN TRUNCA MY HOOKE SHIP IN WORK AND A

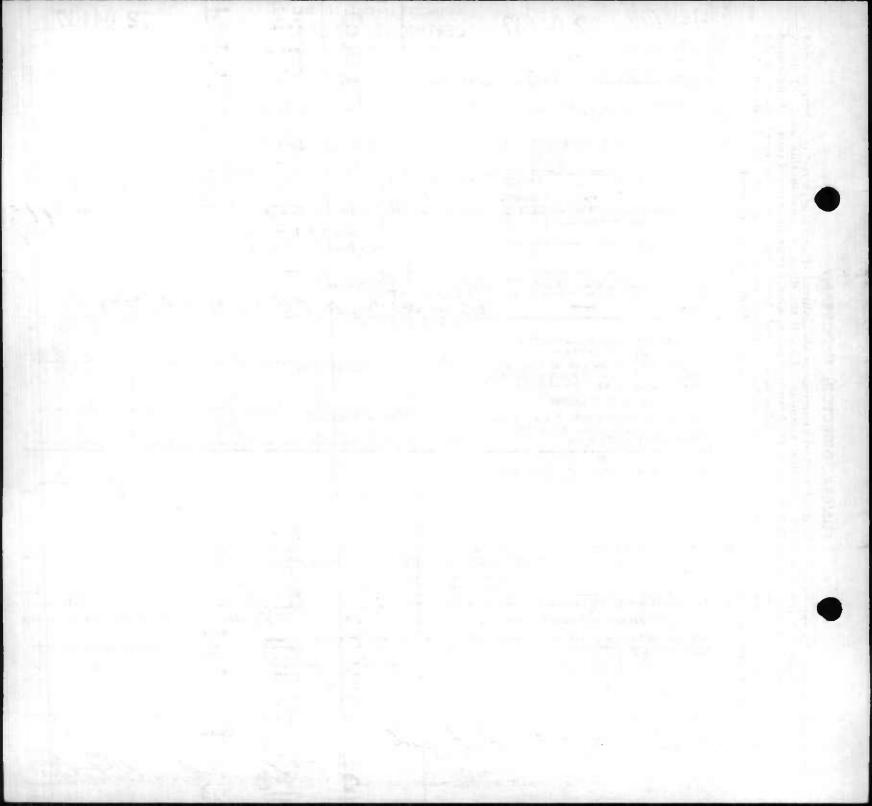


F - 0 > 0 >	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	written approval must be obtained before the remains are embalmed or final disposition is made.	
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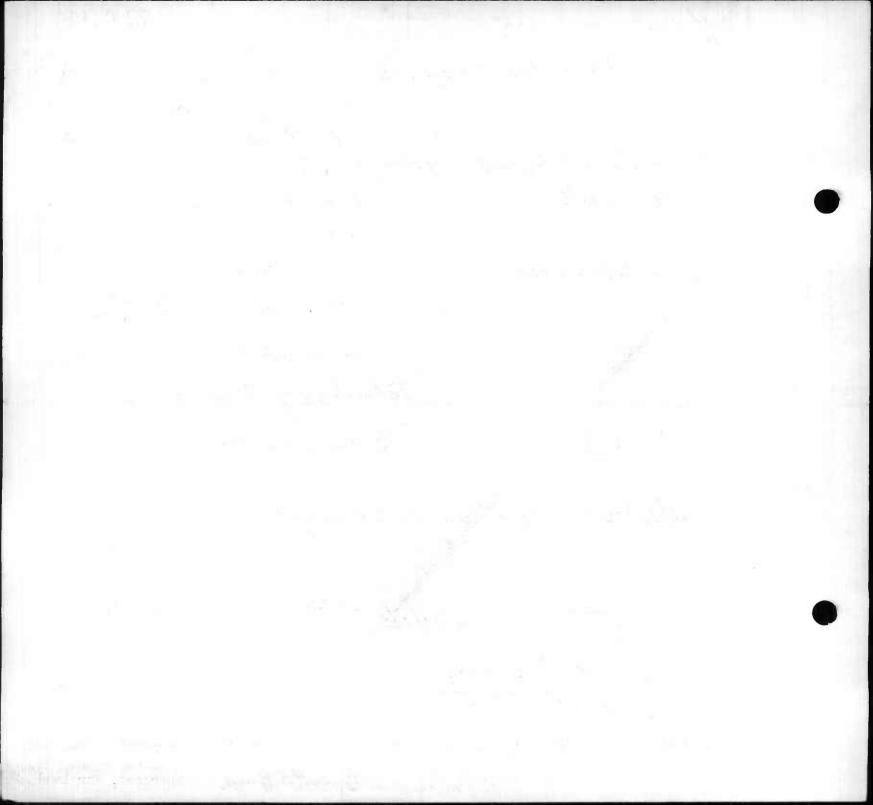
BALTIMORE CITY HEALTH DEPARTMENT 72 041	36
BRTH NO.	
1. NAME OF DECEASED (Type of Pain) Mary Carlisle Nottingham Bowden 2. Date and Hour of Death	
April 20. 1972	OAM
3. PLACE IN BALTIMORE, MARYLAND, WHERE FRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before A, STATE B. COUNTY	odmissionl
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET INSTITUTION FULL NAME OF ADDRESS OR LOCATION) FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET INSTITUTION ADDRESS OR LOCATION) D. INSIDE CITY LIMITS?	5
Balta water water	
RESULCE NOME FOR INCURABLES OF	
Baltimore City 1210 W. Belvedere Ave.	
I CEY	ar 24 Hrs
To Months: Doys : Hours :	MIn.
INA HISHAL OCCUPATION (Circle Later Land Report Circle Later Land Land Report Circle Later Land Land Later La	
done during most of working life, even if retired)	COUNTRY
Clerk Dept.'stores Darlington, Md. USA	
13. FATHER'S NAME	
Henry RXXXXX MX Furwell Nottingham Mary Carlisle Cannaday	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (II yes, give wer or dotes of service) 16. SOCIAL SECURITY NO.	
no no 238-36-6312 Keswick Files 700 W. 40th Street	
18. 3 // X 1 CAUSE OF DEATH 1 APPROXIMATE	MTERVAL
The state of the s	ND DEATH
LEADING TO DEATH	
(This does not meen the mode of dying, e.g., (A)MMEDIATE CAUSE	aus
heart lailure, asthenia, etc., It means the disease, injury ar complication which coused death.)	
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, if ony, giving OSE In the above cause (A) stating the	**********
nise to the above cause (A) stating the UNDERLYING CONDITION tast. (C)	
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	**********
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
F TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). 199A. DATE OF OPERATION 199B. CONDITION FOR WHICH OPERATION WAS PERFORMED 200A. AUTOPST? (Tes or No) 100B. IF TES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?	
198. CONDITION FOR WHICH OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPST? (Tes or No.) 20B. IF TES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?	
NO N	
U 21A. ACCIDENT WAS UNDERLTING OR CONTRIBUTING CAUSE OF DEATH (natify medical examined) 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, farm, factory, street, affice bldg., INJURY OCCUR?	
21D. TIME (Month) (Doy) (Teerl (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	
(APPROX)	
Work At Work	-
22. I certify that (this haspital) attended the deceased from NOV 1971 to Opril 28 19	22
that \$0 (we) lost saw the deceased alive on april 28 19 72 and that in (my) opinion death accurred an	
and hour and from the causes stated above. (1) (did) (did one) view the bady after death.	.ne dute
73A SIGNATURE A	
Moderate J. M. D. Attending Med. Stoff 4/28/7	/
23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS	
MOO : 4 1041 Atmost	
24A. BURIAL CREATION 1248 DATE	
REMOVAL (Specify)	(Stotel
Burial 5/1/72 Druid Ridge Pikesville Maryland	
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR Henry Sonder & Sons Inc.	
MAY 1 - 177 Rober & Jacker & Sons Inc.	
vs 150-REV. 1/1/68 Beltimore Maryland 21213	



ALTIMO	ORE CITY HEALTH DEPARTMENT
O-660 72 04137 CERT	IFICATE OF DEATH REG. NO. 72 04137
BIRTH NO. 1. NAME OF DECEASED	12. DATE AND HOUR OF DEATH
	~ 3 ^
(Type or Print) O'REAR EARL. L. 3. PLACE IN BALTIMORE MARTLAND, WHERE PRONOUNCED DEAD	14. USUAL RESIDENCE (Where deceased lived, Il institutions residence before admission)
3 FENCE III BASIMINANG MARIEMING WHERE FROM GIVEED DEAD	A. STATE B. COUNTY
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE ST ADDRESS OR LOCATION)	REET 3728 Chestnut avenue Ballimore 11 M.D
INSTITUTION ADDRESS OF EGGY HORY	D. HASIDE CHI LIMIIST
Union Nemorial Hospital	Baltimore YES NO
	Ile autre Man Housek
	3728 Chestmut. Avenue. 501
6. RACE 7. MARRIED WINEVER MAR WIDOWED DIVOR	The state of the s
IOA USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR I	INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
done during most of working life, even if refired)	MARYLAND AMERICAN
Netined:	14 MOTHER'S MAIDEN NAME
A A A A A A A A A A A A A A A A A A A	
un known.	
3. Was Decessed Ever in U. S. Armed Forces? Yes, no or unknown] Uf yes, give war or dates of service! SECURITY 1	NO. 4 17. INFORMANT ADDRESS
no - 213-16-	
	OF DEATH // APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH
LEADING TO DEATH	EDIATE CAUSE Cardiae and Respiratory overst. 26 day to, or as a consequence of:
(This does not mean the mode of dying, e.g., DUE	TO, OR AS A CONSEQUENCE OF:
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	
ANTECEDENT CAUSES	Alua madial interestinas
DISEASES OR CONDITIONS, if any, giving	Myo cardial infanction:
rise to the above cause (A) stating the	D to the total total
UNDERLYING CONDITION last. (C)	Conposivue heart bachuse
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
19A-DATE OF OPERATION 19A CONDITION FOR WHICH OPERAT	
	870
2) 21A, ACCIDENT WAS UNDERLYING 21B, PLACE OF INJ	URY (e.g., in or obout 21 C. WHERE DID (If In Boillmore City, give exact location), sheet, office bidg, INJURY OCCUR?
DEATH Inotify medical examined	
210-TIME (Month) (Day) (Year) [Hour 21 & INJURY OCCU	
₹ Itabanova	Not While
YYOR, Land	C. Will
22. I certify that (i) (this hospital) attended the deceased f	
that (1) (we) last saw the deceased alive on	19 and that in(my) (our) opinion death occurred on the dat
ond hour and from the causes stated above. (1) (We) (did) (did)	did not) view the body ofter death.
23A. SIGNATURE	238, DATE SIGNED
Pallo Ellelyanojo. M.D	Attending Med. Stoff 977.
23C. PHYSICIAN'S	Phys. Director Phys. 7
NAME (Type) PABLO MELGARI	EJO
111020 112	DEGREE
REMOVAL (Specify)	ERY of CREMATORY 24D. LOCATION (City, lown, or county) 15tatel
Burnet 5-1-72 Poster	rad Baltoloo
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C FUNERAL DIRECTOR ADDRESS
MAY 1 - 1972 Polat E. Ballen 7000 1	DICII MILLEY!
MULT THE AMERICAN AND AND AND AND AND AND AND AND AND A	Tout Grahmowith 3613 Cheshul Auc



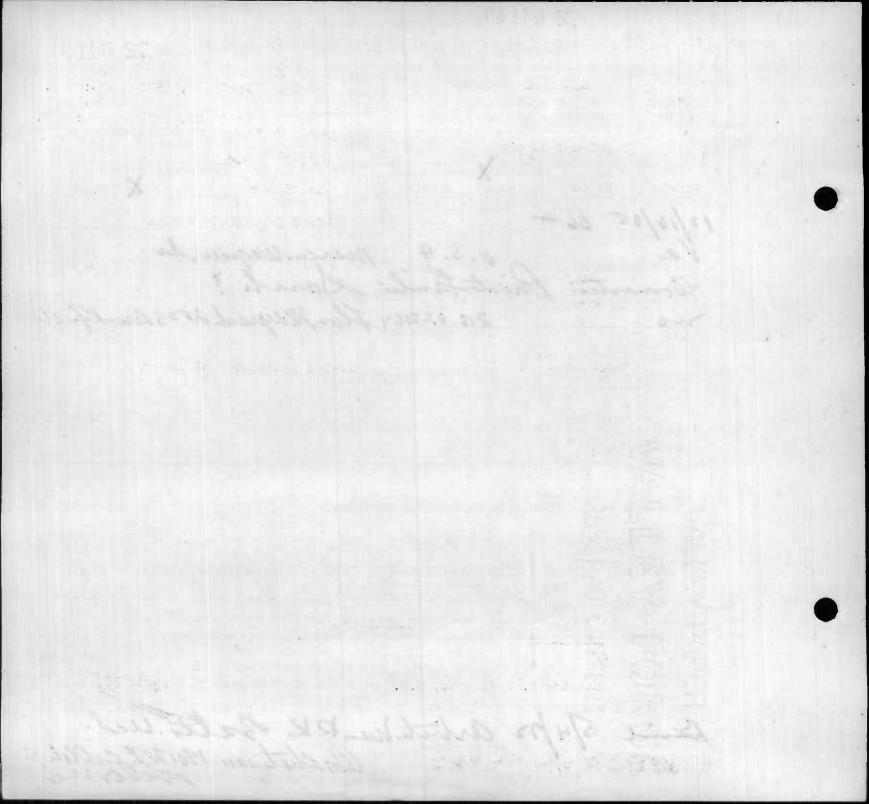
E363 172 04138		HEALTH DEPARTMENT	REG. NO. 72 04:	138				
1. NAME OF DECEASED		2. DATE AND HO	UR OF DEATH					
L'Elles Ann	Edwards	5. 4/27	172 3	330 A.M				
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRON		4. USUAL RESIDENCE (Where deco	eased lived. If institution: residence b	eforo odmission)				
FULL NAME OF (IF NOT IN HOSPITAL OR INST ADDRESS OR LOCATION)	TUTION, GIVE STREET	Maryland C. City or jown, Aberdee	Harford O	100				
				o 🔼				
University of Harylan	ed Hospital	RD 1, Box 190						
FEMALE White WIDOWE	DIVORCED	1/16/67 lost bi	E (In yeors If Under 1 Yr. Handay) Months Doys H	If Under 24 Hrs.				
IGA. USUAL OCCUPATION (Give kind of work 10B, KIND (done during most of working life, even if retired)				HAT COUNTRY				
none	none	Havre de Grace, l	daryland USA					
Ronald Clayton Edwards		Jo Ann Casey						
15, Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	ADDRESS					
(Yes, no or unknown) (If yes, give wor or dates of service)	SECURITY NO.	Ronald C. Edwards	RD 1, Box Pots					
18. 17 4/6 9	CAUSE OF DEAT		Aberdeen, Mary	Y Land				
DISEASE OR CONDITION DIRECTLY		(1200 A 11)		INSET AND DEATH				
LEADING TO DEATH	(A) IMMEDIATE CAU		ary acreas:	5 years				
heart failure, asthenia, etc. It means the disease injury or complication which coused death.)	To	CONSEQUENCE OF:	11.5	0				
ANTECEDENT CAUSES	10	sawayy y rai	CRY.					
DISEASES OR CONDITIONS, if any, giving ise to the above cause (A) stating the	DUE TO, OR AS	A CONSEQUENCE OF:	*********************************	***************************************				
UNDERLYING CONDITION last.	(c) /	leary failure	シー					
Z OTHER SIGNIFICANT CONTRACTOR OF THE PROPERTY		9						
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 1198. CONDITION FOR WAS PERFORMED U 21A-ACCIDENT WAS UNDERLYING 1	************	d f friend was named as a separation of the control						
19A. DATE OF OPERATION 198 CONDITION FOR	WHICH OPERATION	204. AUTOPSY? (Yes PI No) 208.	IF YES, WERE FINDINGS CONSIDER ERTIFYING CAUSES OF DEATH?	RED				
U 21A. ACCIDENT WAS UNDERLYING 21	RPLACE OF INTERVOOR	ey July XI Wenter						
OR CONTRIBUTING CAUSE OF hor DEATH (natify medical examined)	B. PLACE OF INJURY fe.g., in me, form, factory, street, off	ice bldg. INJURY OCCUR?	(If In Baltimare City, give exoct laco	olian)				
O 21D-TIME (Month) (Doy) (Year) (Hour 21)	E. INJURY OCCURRED	21F. HOW DID INJURY OF	com and and and	<i>'</i>				
II IIAPPROX.)	hile At Nat While		,					
22. I certify that (I) (this hospital) attended		116/12 19	10 U/27/72	. 10				
that (1) (we) lost sew the deceased alive on	4/27/72/4		ny) (aur) opinion death occurre	19				
ond hour and fram the causes stated obave.	(I) (We) (dld) (dld nat) vi	ew the bady ofter deoth.						
23A. SIGNATURE	23A. SIGNATURE 23B. DATE SIGNED							
23C.PHYSICIAN'S	GEGREE Phys.	Director Phys.	1 9927/	72.				
NAME (Type) TO R Harris	rde.	3D. ADDRESS						
24A. BURIAL CREMATION, 24B. DATE 24C.N	AME OF CEMETERY OF CREE	MATORY 24D. LOCATIO	N (City, lown, or county)	(Stote)				
1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Bel Air Memoria			Maryland				
	OF REGISTRAR	25C. FUNERAL DIRECTOR	Tarring Fund					
VS 150-REV. 1/1/68	KWS 0 0	Genet B. Bay	Aberdeen, Ma	ryland				



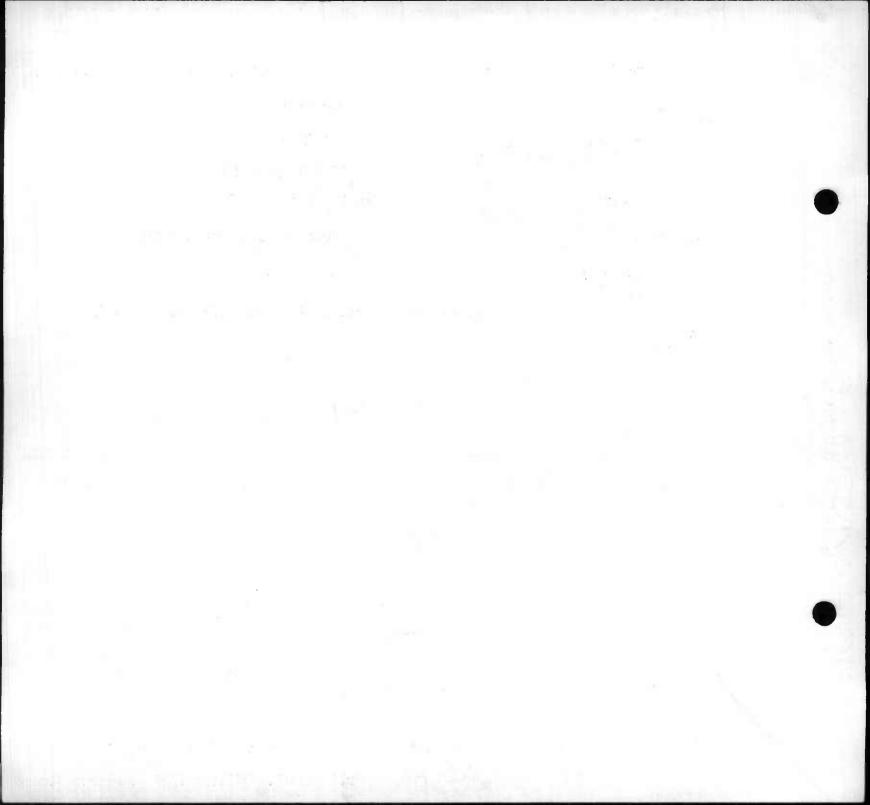
1	72 04139 BALTIMORE CITY HE		-					
RI	RIHNO. 71-17908 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO. 72 1	139					
T.	NAME OF DECEASED	2. DATE Known Month Doy Year	our					
(Ty	Ivan Coward	OF DEATH Estimoted 4 28 72	L:10 a.					
4.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	DEATH	lour M.					
HC	LL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) INSTITUTION	PRONOUNCED DEAD 4 28 72	1:40 a.					
	Sinai Hospital	S. USUAL RESIDENCE (Where deceased lived. If Institution; residence before A. STATE Md.	16					
	SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?						
	nale Negro WIDOWED DIVORCED	Balto.						
١,	DATE OF BIRTH 10. AGE (In yeors If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min. 0 2 7 6 mo	E. STREET AND NUMBER 4443 Pimlico Rd.						
11.	BIRTHPLACE(Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME						
144	USUAL OCCUPATION (Give kind of work 148. KIND OF BUSINESS OR INDUSTRY	15. MOTHER'S MAIDEN NAME						
	eduring most of working life, even if retired) NONE NONE	GERBALINE DELORES BAY	+4					
16. (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? s, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	G. D. BOWARD-413ALMLICO	en					
	19. 77 CAUSE OF DEA	TH APPRO	XIMATE INTERVAL					
	DISEASE OF CONDITION DIRECTIVE STANDARD		ONSET AND DEATH					
П	DISEASE OR CONDITION DIRECTLY Sudden death in infancy LEADING TO DEATH							
	(This does not mean the mode of dying, e.g., heart follure, osthenio, eic. it means the disease, injury or complication which caused death.) (A) IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF:							
	ANTECEDENT CAUSES							
		AS A CONSEQUENCE OF:	*****					
_	I UNDERLYING CONDITION LAST.							
S S	(C)							
ERTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).							
ERT	20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	AS PERFORMED 21. AUTOPSY	21. AUTOPSY? (Yes or No)					
ū	2		yes					
	22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. Dome, form, foctory, street, ollice	in or about 22C, WHERE DID (il in Rollimore City, give exact location)						
MEDIC	UTING CAUSE OF DEATH.							
-	22D. TIME (Month) (Doy) (Year) (Hour) 22E, INJURY OCCURRED 22F. HOW DID INJURY OCCUR?							
	(APPROX.) m. WHILE AT NOT WHILE AT WORK							
	23. I certify that I held on Inquiry Inspection Thutopsy XX and that on this basis, death in my coining							
	YVVV							
	resulted from: Notural causes Accident Suicide Homicide Undetermined monner							
	ACTUAL SILVER STATE OF STATE O	ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXA						
	SIGNATURE M.D. EXAMINER'S Pot on Triployria MeD		/28/72					
24	NAME (Type)	ASSOCIATE MEDICAL EXAMINETY	507,72					
REA	A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	or CREMATORY 24D. LOCATION (City, town, or county)	(Stote)					
-	Dune 3/1/2 /W. Ull	un Palli, Ma						
25/	A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR C. Jaken M. D.	25C. FUNERAL DIRECTOR ADDRESS	and. 1.					
VS	151-REV. 1/1/68	1 napular runne porte - 101 1/1	1 ST					

, 67 F. 5 5 5 E Secretarian Secre

72 04140 BALTIMORE CITY HE	ALTH DEPARTMENT
VVIELO	CERTIFICATE OF DEATH REG. NO. 72 04140
(Type or Print) ELIZABETH MAYNARD	2. DATE Known Month Doy Yeor Hour OF DEATH Estimoted April 29, 1972 4:00 P. M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	PRONOUNCED DEAD April 29, 1972 4:00 P.
Provident Hospital	5. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission) A. STATE Marwland B. COUNTY
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
Female Negro WIDOWED DIVORCED DIVORCED	Baltimore YES NO
9. DATE OF BIRTH 10. AGE (In yeors If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.	2503 Brookfield Avenue
11. BIRTHPLACE(Stote or foreign country) 12. CITIZEN OF	13. FATHER'S NAME
WHAT COUNTRY?	Marcus Wegner, Sr
done during most of working life, even if retired	TIS. MOTHER SMAIDEN NAME
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL (Yes, noor unknown)((if yes, give wor or doles of service) SECURITY NO.	18. INFORMANT ADDRESS
218-03-356	Theo. Margray 2503 Brookfiella
19.431.9 I CAUSE OF DEA	BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	CAUSEMassive intracerebral hemorrhage
	AS A CONSEQUENCE OF:
	AS A CONSEQUENCE OF:
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)(C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	
	Yes
UNDERLYING OR CONTRIB-	in or obout 22C. WHERE DID (If in Boltimore City, give exoct location) ce bldg., etc.) INJURY OCCUR?
22D. TIME (Month) (Doy) (Yeor) (Hour) 22E, INJURY OCCURRED	22F. HOW DID INJURY OCCUR?
	WORK D
	and that an this basis, death in my opinion
resulted fram: Natural causes 🛛 Accident 🗆 Suici	de Homicide Undetermined manner
ACTUAL ()	CHIEF MEDICAL EXAMINER DATE SIGNED ASSISTANT MEDICAL EXAMINER
EXAMINER'S Charles S. Springate, M.D.	ASSOCIATE MEDICAL EXAMINER April 30, 1972
NAME (Type) 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	or CREMATORY 24D. LOCATION (City, town, or county) (Stote)
REMOVAL (Specify) 5/4/2 Certrules	hun RK Balts. Uld.
25A. DATE REC'D BY HEALTH DEPT. 25B: NAME OF REGISTRAR	Um Clistinan-1201 M. Gullah st
VS 151-REV. 1/1/6B	13 PALONG



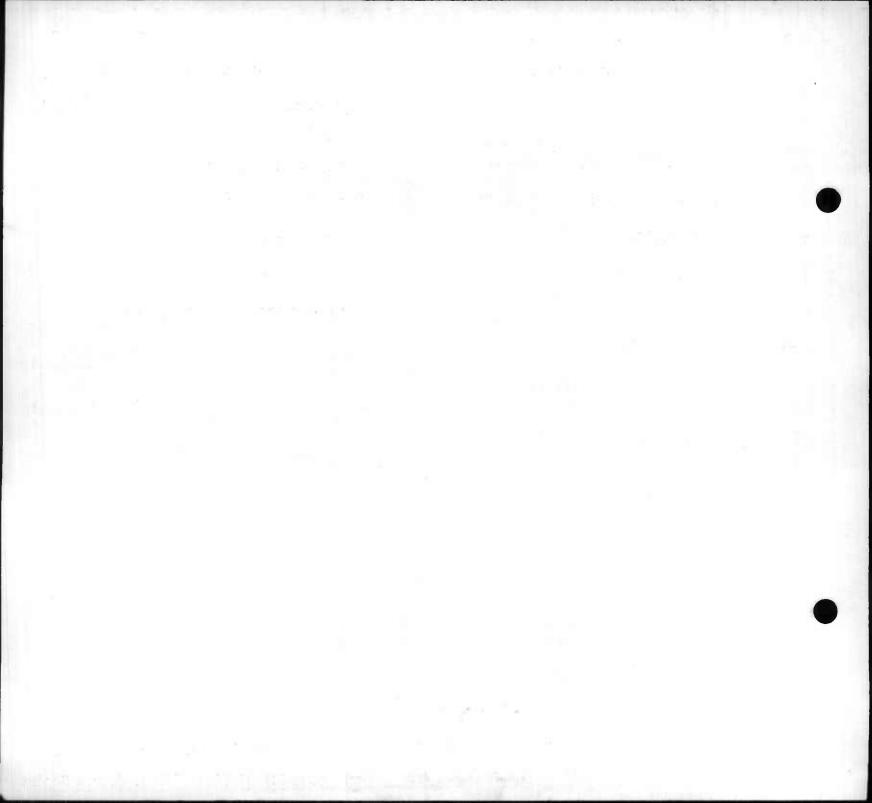
	1-20	0		BALTIMORE CITY	Y HEALTH DEPAR	TMENT		-75	0.04444	
BI	RTH NO.	72 041	11	CERTIFICA	TE OF DE	ATH	REG. NO.	12	2 04141	
1.	NAME OF DE	CEASED					D HOUR OF DEATH	4		
	ype or Print)	Thurman Dawes		20			1 23, 1972	•	11:45 A. M.	
11	4.	ALTIMORE MARYLAND, V		1 1	IIA. SIAIE	& COUN	e deceased lived If	institution	residence before admission)	
FLHIN	1322 Stonewood Road					Maryland C. CITY OR TOWN D. INSIDE CITY LIMITS?				
И.,						more	5	YES X	№ □	
6	10	Baltimore, Ma	ryland	21239	E. STREET AND					
5.	SEX	6. RACE	7- MARRIED	NEVER MARRIED	8. DATE OF BIRTH	H 19	ond Road	I II Und	pr 1 Yr., 11 Under 24 Hrs.	
14 .	Male	Negro	WIDOWED	DIVORCED	Jan 17, 1	933	lost bithdoyl	Months	Doys Hours Min.	
10,	A. USUAL OC	CUPATION (Give kind of work f working life, even if retired)	108 KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE	State or forei	gn country)	12. CIT	ZEN OF WHAT COUNTRY?	
	Chauf				Macco	sfield	, North Car	rolina	USA	
13.	FATHER'S NA				14. MOTHER'S M					
		Thomas Dawes			Agnes	Ward				
15. (Ye	Wes Decease	d Ever in U. S. Armed Fern) (If yes, give wor or dote	ces?	1 6. SOCIAL	17. INFORMANT	waru			ADDRESS	
	No	, , , , , , , , , , , , , , , , , , , ,	or solvices	245-48-9207	Mrs. Lvd	lia Daw	es 1322 St	tonewo	od Road	
	18. 2 2	7 X 1		CAUSE OF DEAT	1	i i di ban	- 1022 0	- I	APPROXIMATE INTERVAL	
	DISEA	SE OR CONDITION DI	RECTLY						BETWEEN ONSET AND DEATH	
	LEADING TO DEATH (This does not mean the mode of dying, e.g.,						3 months			
	Injury or camplication which caused death.							*************************		
							2-3 years			
	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF							a syears		
	rise to the above cause (A) stating the UNDERLYING CONDITION last. (C)									
	4	11		(C)						
ATION	OTHER SIGN	FICANT CONDITIONS COL	ressine	oposi	ti,		7 years			
3	IDISEASE OR	F OPERATION 198 CON								
CERTIFIC	0	WAS PER	ORMED	WHICH OPERATION	20A. AUTOPSYS	(Yes or No)	208. IF YES, WERE	FINDINOS USES OF	CONSIDERED DEATH?	
	OR CONTRIB	NT WAS UNDERLYING UTING CAUSE OF medical examined	21 B. hom	PLACE OF INJURY (e.g., in e., form, foctory, street, of	or obout 21C. WHI	ERE DID DCCUR?	(If In Boltimo	re City, giv	e exocl locotion)	
DICAL	21D. TIME	(Month) (Doy) (Yeorl								
MEDI	OF INJURY	(Monin) (Doy) (Teon		INJURY OCCURRED Not While		שנמו סום א	RY OCCUR?			
			Wor	rk At Work	<u> </u>					
		that (1) (this hospital		he deceased from	1/2		72 ta	4/18	19.72	
	and that in(my) (aur) opinion death occurred an the date									
	and have and from the causes stated abave. (1) (We) (did) (did nat) liew the body after death. 23A. SIGNATURE Attending Med. Stoff No. 1238, DATE SIGNED 4/2 1/12									
		Unne L.	nding Med	. 🗆 s	hoff S	23B, DAI	2 U/7			
	23C. PHYSICIA NAME (ANS		DEGREE Phys	3D. ADDRESS	ctor L.J. P	hys. 🗀	1/0	27/12.	
	MANE	уры								
24A	REMOVAL	MATION, 248. DATE	24C.NA	ME of CEMETERY of CRE	MATORY	24D. LO	CATION (C	ily, town, o	r county) (Stote)	
	Remova	4-25-72	Byn	um Cemetery		871	cclesfield			
25A	DATE REC'E	BY HEALTH DEPT.	258 NAME O	F REGISTRAR	25C. FUNERAL	DIRECTOR	COTCOT TETU	HUIL	ADDRESS	
		MAY 1 - 1972	Jaken E	Jaber M.D.	Arlingt	on S.	Phillips 17	727 N.	Monroe Street	
V5	150-REV. 1/1/	65	1 8	D from the		13				



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased Such was in regular attendance on the was D.C.A. at a hospital (except where the physician who pronounced death was in regular attendance or deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. written approval must be obtained before the remains are embalmed or final disposition is made.

16	3-4/20			BALTIMORE CITY	HEALTH DEPARTM	ENT		~0 04440		
0,,	TH NO	72 041	42	CERTIFICA	TE OF DEA	TH	REG. NO	72 04142		
I. NAME OF DECEASED 12. DATE AND HOUR OF DEATH										
(Ty	Ruth Bullock						27, 1972	1 4:00 P. M		
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD			4. USUAL RESIDENC	E IWhere dec	eased lived, If in:	stitution: residence before admission)			
II He	ILL NAME OF OSPITAL OR STITUTION	(IF NOT IN HOSPI ADDRESS OR LOC	TAL OR INSTIT	UTION, GIVE STREET	Marylan	. COUNTY	4	1512 DE CITY LIMITS?		
	3825 Cottage Avenue				Baltimore YES X NO					
	Baltimore, Maryland				3835 Cottage AVenue					
5.	SEX	6. RACE	7. MARRIED	NEVER MARRIED						
F	emale	Negro	WIDOWED		Feb. 11, 1885					
104	USUAL OCCU	PATION (Give kind of wor		BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote			12. CITIZEN OF WHAT COUNTRY		
don	e during most of v	rorking life, even if retired)					200.00			
12	HOUSEWT				North C	USA				
'					14. MOTHER'S MAIDEN NAME					
15.		Russell	10007	1 6. SOCIAL	Nellie	Walker				
(Ye		Ever in U.S. Armed Fo (II yes, give wer or del	os of service)	SECURITY NO.			1112	ADDRESS		
-	No			CAUSE OF DEATH	Audry Collins 3835 Cottage Avenue					
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH WHATEDLATE CAUSE COLONIARY Thrombogs between ONSET AND DEATH LOWER COLONIARY THROUGH THE CAUSE COLONIARY THROUGH THROW THE CAUSE COLONIARY THROUGH TH									
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. ft means the disease, injury or complication which caused death.)									
	heart failure, osthenio, etc. II meons the disease, injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving DUE 10, OR AS A CONSEQUENCE OF: ANTECEDENT CAUSES DUE 10, OR AS A CONSEQUENCE OF: DUE 10, OR AS A CONSEQUENCE OF:									
	DISEASES OR CONDITIONS, if ony, giving DUE TO, OR AS A CONSEQUENCE OF:									
	UNDERLYING CONDITION last, (C)									
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING (L) Ungular Pullmonia, recent DISEASE OR CONDITION GIVEN IN PART 1 (A).							cent		
CERTIFIC	19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A-AUTOPST? (Yes of No.) 20B. IF YES, WERE FINDINGS C							INDINGS CONSIDERED SES OF DEATH?		
CAL	OR CONTRIBUTING CAUSE OF						City, give exoci (acotton)			
MEDI	21 D. TIME OF INJURY	(Month) (Doy) (Teor)	(Hour) 21 E.	INJURY OCCURRED	21F. HOW D	ID INJURY C	CCUR?			
2	(APPROX.)		ile At Not While							
	22. I certify that (1) (this hospital) attended the deceased from March 1972 to April 1972									
	that (1) (we) lost saw the deceased alive on April 17 1972 and that fri(my) (our) apinion death occurred on the date									
	and hour and from the couses stated above. (1) (We) (did) (did not) view the body after death.									
	23A. SIGNATURE							23 B. DATE SIGNED		
	Janet V - Knoppleh , MD Attending Med. Staff 4/28/72 23C. PHTSICIANS NAME IType: 23D. ADDRESS Providing the year Belto. Md									
		VET V. M.			3D. ADDRESS Provide	ent #	's quiter	seldo. md		
24A	REMOVAL (S	AATION, 248. DATE		ME of CEMETERT OF CRE	MATORY	24D. LOCATI	ON (City	, town, or county) (State)		
25.6	Remova	1 4-29-	72 Ri	ussell Union		Russe1	1 Union,	North Carolina		

MAY 1 - 1972 Page 2 Secretar | 25C. FUNERAL DIRECTOR | Address | 25C. FUNERAL DIRECTOR | Address | Amlington S. Phillips 1727 N. Monroe Street | VS 150-Rev. 1/1/68



was D.C.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased approved by the chief medical examiner or his assistant if death occurred in a hospital and FUNERAL DIRECTOR: IMPORTANT This certificate must be

INPAT L

VS 150-REV. 1/1/68

15-	363			BALTIMORE CITY	HEALTH DEPAR	RTMENT				
BIRTH	NO.	72 0414	3	CERTIFICA	TE OF DE	ATH	REG. NO	776	2 04143	
1. NAME OF DECEASED STORY OF Prints Allie Edwards						2. DATE AND	HOUR OF DEATH	1	1118	
					4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)					
				A. STATE	B. COUNT	Y	institution;	esidence beford admis	sign)	
HOSPIT	JLE NAME OF OF OF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET OSPITAL OR ADDRESS OR LOCATION)				Maryl c, city or tow	and	D. 1N	SIDE CITY E	IMITS?	
<	Singi	Hospit	al al	Baltimore	Balti	more		YES X	ио 🛛	
4	2		7		E. STREET AND		Tuesd Char			
5. SEX		6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTI		1 wood Stre		or 1 Yr. , If Under 24	Hrs.
1 1	~	BI.	WIDOWED	DIVORCED	3-3-1	922	st birthday)	Months	Days Hours Mi	n.
IOA, US	UAL OCCU	PATION (Give kind of work orking life, even if retired)	IOR, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE			12. CITI	ZEN OF WHAT COU	NTRY?
Н	ousewi	fe			South Ca	rolina			USA	
13. FAT	HER'S NAM	I.E.			14. MOTHER'S N					
	dgar T	homas Ever in U. S. Armed Fore			Mary	Rivers	5			
(Yes, na	or unknown)	(If yas, give war at date:	of service)	SECURITY NO.	17. INFORMANT	ou Edus	nda 1600	M Cm	allwood Str	00+
118.	0	0.01		214-22-5499 CAUSE OF DEATH		OW EUM	arus 1000	14. 3111	APPROXIMATE INTERV	
	DISEASE	OR CONDITION DIR	ECTLY	Dist	A. 11	1	0		BETWEEN ONSET AND D	
l la		EADING TO DEATH	duine	(A) IMMEDIATE CAU	SE	evac	idesia	1	5 days	
he	(This does not mean the mode of dying, e.g., hear) failure, asthenia, etc. 1) means the disease, injury or camplication which caused death.)									
		NTECEDENT CAUSES	20211111	Dia	betes	Mel	letus		appr. 25	924
	DISEASES OR CONDITIONS, if any, giving nise to the above cause (A) stoling the									
UN	UNDERLYING CONDITION lost. (C).									
Z		11						\$1 L		
5 10 10 10 10 10 10 10 10 10 10 10 10 10	THE DEATH	ANT CONDITIONS CON	E TERMINAL	***************************************						
LE TOPA	DATE OF	NDITION GIVEN IN PART OPERATION 19% CONT WAS PERF	DITION FOR V	WHICH OPERATION	20A. AUTOPSY	? (Yes or No)	208, IF YES, WERE IN CERTIFYING CA	FINDINGS	CONSIDERED	
CERTIFICATION OIL STORY	ACCIDENT			Diagonal dia						
0.00	CONTRIBUT	WAS UNDERLYING THE CAUSE OF medical examined	hom etc.)	PLACE OF INJURY (e.g., ir e, form, factory, street, of	ice bldg., INJURY	OCCUR?	(If In Baltima	ire City, giv	e exact lacation)	
0 210	TIME	(Manth) (Day) (Year)	(Hour 21E	INJURY OCCURRED	21 F. HO	W DID INJU	RY OCCUR?			
E OF	INJURY PROX.)		Whi	le Al Not While			.,			
22.	I certify t	hat (I) (this hospital)		ne deceased from	4-1	1 19	72 to	4-2	19.7	_
	22. I certify that (I) (this haspital) attended the deceased from 4-1 19 72 to 7-2 19 72 that (I) (we) last saw the deceased alive on 4-21 19 72 and that in (mr) (our) apinion death accurred on the date									
and	and hour and from the causes stated above. (We) (dld) (did not) view the bady after death.									
23A	SIGNATUR		In I	1 725 Attac	nding Med	4 🖂 %	uff rest	23 B. DAT	E SIGNED	
23C	PHYSICIAN	Cospura -	yearne	DEGREE Phys.	3D. ADDRESS	ctor P	hoff ys.	9	1-21-12	
	PHYSICIAN NAME (Typ	Joshua	Fran	kel M. D.	Seras	1 to	spetal	of F.	3 altemer	e
	MOVAL (Sp	ATION, 24B. DATE	24C. NA	ME of CEMETERY OF CRE	MATORY	24D. LO	CATION (C	ity, town, o	r county) (State	e)
	irial	4-26-72	Arb	utus Mem. Par	k	Bal-	timore, Ma	ryland		
234. 07	ALE REC'D I	HAT 1 = 1972	25B, NAME O	L. Jaben M.D.	25C. FUNERAL	DIRECTOR			Monroe Str	anat

Arlington S & Phillips 1727 N. Monroe Street

- []

1.

24A. BURIAL CREMATION. 24C. NAME of CEMETERY or CREMATORY 24B. DATE REMOVAL (Specify) Burial 4-28-72 Mt. Calvary Cemetery 25A, DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR Robert E. Jaben R.B VS 151-REV. 1/1/68

A. A. Co. 25C. FUNERAL DIRECTOR

Arlington S. Phillips 1727 N. Monroe Street

ADDRESS

5-31-1972 - Completion of cause of death on a pending medical examiner death certificate

Russell S. Fisher, M.D.

(Unpended 5-30-72)

HRS

FUNERAL DIRECTOR: IMPORTANT

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased Such and was in regular attendance on the a hospital death. 10 occurred in prior approval must be obtained before the remains are embalmed or final disposition is made. deceased or his assistant if death the death deceased prior to death); and (6) No physician was in regular attendance on who pronounced the chief medical examiner (except where the physician was D.O.A. at a hospital DESIDERI 24A. BURIAL CREMATION, REMOVAL (Specily) written 25A. DATE REC'D BY HEALTH DERT. VS 150-REV. 1/1/68

BIRTH NO.

1. NAME OF DECEASED

FULL NAME OF HOSPITAL OR INSTITUTION

55

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

5-3-72

(IF NOT IN HOSPIYAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)

BALTIMORE	CITY	HEALTH	DEPARTMENT	

CONWA

FR	TIF	CA	TE	OF	DE	ATH	ĺ
						Δ Γ	ı

IE OF DEATH	
2. DATE AND HOUR	1972 1 2,00 A.
A. STATE B. COUNTY Maryland	d lived, Il institution: residence belove admission
C.CITY OR TOWN Baltimore	D. INSIDE CITY LIMITS? YES A NO

Maryland

NUTTER FUNERAL HOME 3035 W. NORTH AVE

PROVIDENT +	108PITAL	Baltimore		YES A NO
2600 LIBERTO	RE 140 21215-	E. STREET AND NUMBER 1811 Gwynn	Falls Parkwa	
5. SEX 6. RACE Female Negro	7- MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH 09=01-XX94	9. AGE (In years last bightyday)	II Under 1 Yr. II Under 24 Hrs. Manths Days Hours Min.
10A. USUAL OCCUPATION (Give kind of wordone during most of working life, even if refired) HOUSEWIFE	Home	Calvert Count Maryland		USA
James Thomas Gra	ıy	Ida Murray		
15. Was Deceased Ever In U. S. Armed Fo (Yes, no or unknown) (If yes, give war or dole NO	16. SOCIAL SECURITY NO. 220-12-7304	Mr. Osceola	Conway 1811	ADDRESS GWYNNS Falls Pkw
OISEASE OR CONDITION DI LEADING TO DEATH (This does not mean the mode of heart failure, asthenia, etc. it means injury or complication which coused ANTECEDENT CAUSES DISEASES OR CONDITIONS, if sise to the above cause (A)	dying, e.g., the disease, deeth.) (A) IMMEDIATE CA DUE TO, OR AS	USE Cardio-res		SETWEEN ONSET AND DEATH
UNDERLYING CONDITION lost, OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PROPERTY OF THE	NTRIBUTING HE TERMINAL T I (A). DITTION FOR WHICH OPERATION	20A AUTOPSYS (Yes or	Nol 208, IF YES, WERE	FINDINGS CONSIDERED AUSES OF DEATH?
OR CONVERDITING CALLES OF	21B. PLACE OF INJURY (e.g., home, form, factory, street, o	in or obout 21 C. WHERE DID	(If In Ballima	are City, give exect location)
DEATH (notify medical examines) 21D.YIME (Manth) (Day) (Year) OF INJURY (APPROXI 22. I certify that (1) (this hospital that (1) (we) lost sow the decease and hour and from the causes stated.	Trattended the deceased flow	19 72 and	19 FK to A	(m) 28 19/2 Inion deoth occurred on the date
23A. SIGNATURE D. T. Mahysay 23G. PHYSICIAN'S NAME (Type)	DEGREE, Ath	ending Med.	Staff Phys.	23R DATE SIGNED 4-28-72

Western Star Cemetery Baltimore

258. NAME OF REGISTRAR

25C. FUNERAL DIRECTOR

NUTTER FUNERAL HOM

24C. NAME of CEMETERY OF CREMATOR

TEN SECTION OF THE SAME SECTION OF THE SECTION OF T

xaminer or his assistant if death occurred in a hospital and Xaminer. Also, if the direct or contributing cause of death A fracture of any kind; (4) Undetermined cause; (5) Deceased who pronounced death was in regular attendance on the deceased prior to death. Such are embalmed or final disposition is made.	s assistant if death occur if the direct or contri any kind; (4) Undetermi ced death was in regu ndance on the decease or final disposition is m	roved by the chief medical examiner or his he hospital by a medical examiner. Also, y nature; (2) Body burns; (3) A fracture of except where the physician who pronounted (6) No physician was in regular attentational before the remains are embalmed Medical Certeicanon	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased of was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	
P-	PORTANT	FUNERAL DIRECTOR: IMPORTANT	•	

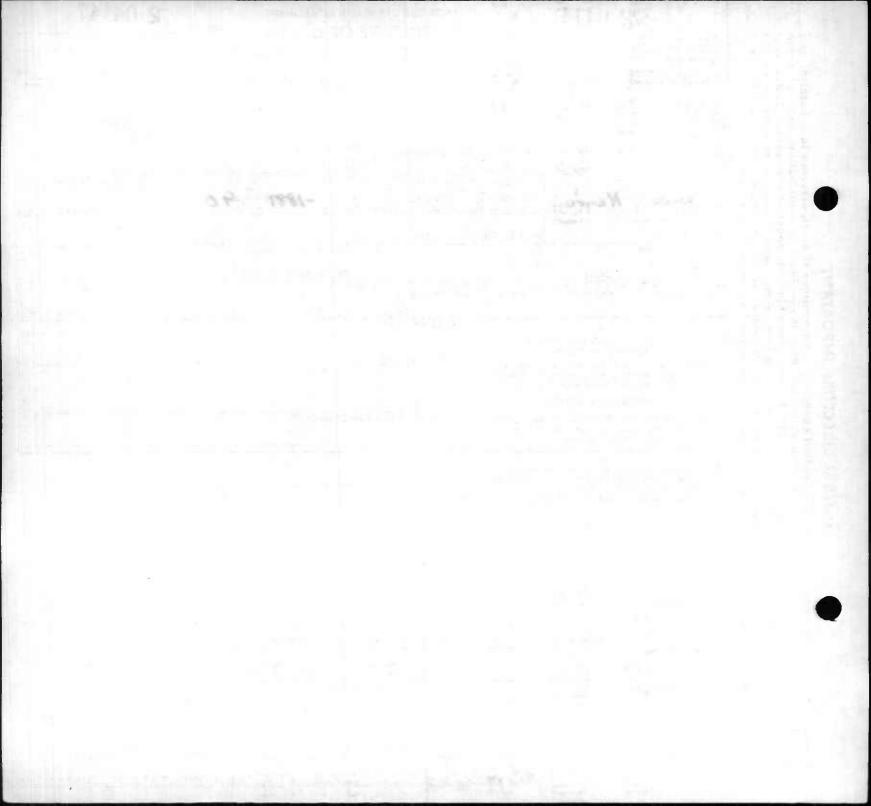
VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT 04146

EG. NO	72	04	46

BIRTH NO. CERTIFICA	TE OF DEATH REG. NO	
1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH	40
Sylvester J. Hace Jr.	Apr. 24 1972	1143 Pm.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If insti	tution: residence befare odmission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	CETY ORIOWN D. INSIDE	CITY LIMITS?
University of Mary and Hospital	11 1 1 1	YES NO
Control stry on 1 (or) point 1 bipital	E. STREET AND NUMBER	
5. SEX 6. RACE 7. SAAPPUIT AUGUST MARRIED	1746 Moreland Aven	
MALE NEGRO WIDOWED DIVORCED	1-16-54-17	If Under 1 Yr. If Under 24 Hrs. Manths Days Haus Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY done ducing most of working life, even if refired)	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Student School	MARYLAND	United States
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	- correct
Sylvester Pace	Ethel Chadwick	
15. Was Deceased Ever in U. S. Armed Farces? (Yes, na ar unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT	ADDRESS
No.	Mrs Ethol Baco 1746 Ma	
18. CAUSE OF DEATH	Mrs. Ethel Pace 1746 Mo	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY	C 2' +	BETWEEN ONSET AND DEATH
LEADING TO DEATH		20 days
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. it means the disease, injury or camplication which caused death.)	A CONSEQUENCE OF:	7
ANTECEDENT CAUSES Chrow	ric Renal failure	2 Vm
	A CONSEQUENCE OF:	///
underlying condition last.	ic glomerulonephritis	4 yrs.
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	as lactions	
TO THE DEATH BUT NOT RELATED TO THE TERMINAL STORY DISEASE OR CONDITION GIVEN IN PART 1 (A).	epilepticus	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF CONDITION GIVEN IN PART 1 (A). 194-Date of Operation 198 Condition for which operation Was Performed Repair Failure	20A. AUTOPSY? (Yes or No.) 208. IF YES, WERE FIN	IDINGS CONSIDERED ES OF DEATH?
OR CONTRIBUTING CAUSE OF Home, form, foctory, street, of	n ar about 21C. WHERE DID (If In Baltimare (lifce bldg., INJURY OCCUR?	City, give exact lacation)
O 21D. TIME (Manth) (Day) (Year) (Hour) 21E. INJURY OCCURRED While At The New White	21F. HOW DID INJURY OCCUR?	
(APPROX.) While At Not While At Work At Work	• 🗇 📗	
	10r 25 1972 to QO	× 25 10 10
that (we) last sow the deceased alive on Upr 25	19 2 and that in (our) opinion	in death occurred on the dote
and hour and fram the causes stated above. (We) (did) (did-net) v	lew the bady after death.	
23A. SIGNATURE		IR DATE SIGNED
DECEMBER PROPERTY		HDT 25 191/2
Clerry Herbet MD	University of Mary ba	d Hontal
24A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY OF CRE	MATORY 24D. LOCATION (City.	tawn, or county (State)
Burial 4-28-72 Mt. Auburn Co	metery Baltimore	Maryland
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF BEAR	25C. FUNERAL DIRECTOR	ADDRESS
MAI 1 - 10/2 9 7 2 0 0	NUTTER TUNERAL HOME 3	035 W. NORTH AN

72 04147	BALTIMORE CI	TY HEALTH DEPARTMENT		72 04147
BIRTH NO.	CERTIFIC	ATE OF DEATH	REG. NO	
I. NAME OF DECEASED			D HOUR OF DEATH	
(Type or Print) werta V.	Diass	11/2/	170 6	1 1:551
3. PLACE IN BALTIMORE MARYLAND, WHERE	PRONOUNCED DEAD	4. USUAL RESIDENCE IWhen	deceased lived. If	nstitution unidence before admission
		A. STATE B. COUN	TY	de la company
FULL NAME OF (IF NOT IN HOSPITAL OF ADDRESS OR LOCATION	R INSTITUTION, GIVE STREET	Maryland		1600
INSUTUTION , /	1 1	C.CITY OR TOWN	D. IN	SIDE CITY LIMITS?
Prevident Hospita	al, Complex, In	1 7 9 7 7 7 7 7 7 7		YES A NO
2600, Liberty Heig	hts Avenue	E. STREET AND NUMBER	,	- / /
130/timore, md.	21216	2328 W. A	vanuale	Street
SEX 6. RACE 7. M	ARRIED NEYER MARRIED	8. DATE OF BIRTH	ast hirthday)	If Under 1 Yr. If Under 24 Hrs. Months! Doys Hours Min.
Female Negro WI	DOWED DIVORCED		9 A	Months Doys Hours Min.
DA. USUAL OCCUPATION (Give kind of work 10B.	KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (State or foreig	an country)	12 CITIZEN OF WHAT COUNTRY
one during most of working life, even if retired)	1+1	3 11		
	ltimore Co.	Baltimore		USA
3. FATHER'S NAME		14 MOTHER'S MAIDEN NAM	NE'	
? Green		Frances Ho	ward	
S. Wes Deceased Ever in U. S. Armed Forces? (es,no or unknown) (If yes, give wor or dates of	16- SOCIAL	17. INFORMANT	waru	ADDRESS
	service SECURITY NO.			
No	216-52-85	Mrs. Irma Ray	wlings 23	28 W. Lanvale St
18.4/2.4/	CAUSE OF DEA			APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECT	LY			ASCUD-Unkn
LEADING TO DEATH	(ANIMMEDIATE C	AUSE ASCUD	CV19	CUA - 11 day
(This does not mean the mode of dyin heart failure, asthenia, etc. it means the	g. e.g., DUE TO, OR A	S A CONSEQUENCE OF:	/	
Injury or complication which caused deat	h.J			
ANTECEDENT CAUSES	Carl	ixia.		1200 1000 000
DISEASES OR CONDITIONS, If any,	(B)	AS A CONSEQUENCE OF:	***	unkninn.
rise to the obove couse (A) stati	3	S A CONSEQUENCE OF		
UNDERLYING CONDITION lest.	(c)			
11				
OTHER SIGNIFICANT CONDITIONS CONTRIB	UTING			
TO THE DEATH BUT NOT RELATED TO THE TEN DISEASE OR CONDITION GIVEN IN PART 1 (A	RMINAL			
194. OATE OF OPERATION 198. CONDITIO	N FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	208, IF YES, WERE	FINDINGS CONSIDERED
WAS PERFORM	ED		IN CERTIFYING CA	USES OF DEATH?
21A. ACCIDENT WAS UNDERLYING	21B PLACE OF INJURY (e. c.	, in or about 21 C. WHERE DID	(If in Boltimo	re City, give exact location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examined)	home, form, foctory, street,	office bldg., INJURY OCCUR?	p. m somme	
21D-TIME (Month) (Day) (Year) (Ho		21 F. HOW DID INJU	RY OCCUR?	
(APPROX)	While At Work At Work	pile		
22			3 47	24. 24
22. I certify that (1) (this hospital) atte		1 11 1	12 to AP	R11 26 1922
that (1) (we) lost sow the deceased oil	ve on ARKIL 20	19 /2 and the	t In (my) (our) op	Inton death occurred on the date
and hour and from the couses stated of	bove. (1) (We) (dtd) (dtd not)		E-	
23A. SIGNATURE				23B. DATE SIGNED
IN Propostation	12.8 · A	Hending Med. 7	Shoff Dhys.	11/2/120
23C PHYSICIANS	DEGREE P		hys. L.J	7/20//2
23C. PHYSICIAN'S NAME (Type)	119	23D. ADDRESS		
IM P. COMBATIR	NI-0 ·	PROVIDENT	HOSP.	BAID. 110.
A. BURIAL CREMATION, 248. DATE	24C. NAME of CEMETERY of C	REMATORY 24D. LO	CATION IC	ity, town, or county) (State)
REMOVAL (Specify)		100		terus .
Burial 5-1-72	Mt. Auburn Ce	metery Ba	Itimore	Maryland
	NAME OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
MAY 1- 1972 Page 8	232	NUTTER FUNE	DAT HOME	2025 57 332
'S 150-REV. 1/1/68		THE PARTY OF THE P	RAL HUME	3035 W. NORTH A



VS 150-REV- 1/1/68

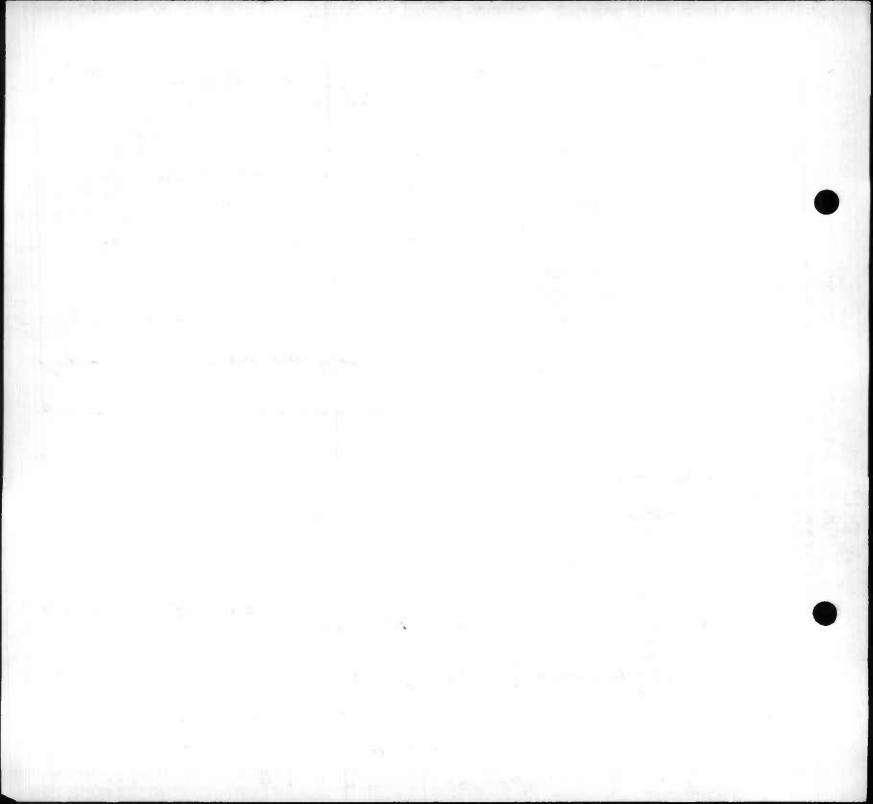
OALAG	BALTIMORE CITY HEALTH DEPARTMENT
0.4148	CENTIFICATE OF DEATH

1011

CERT	IEIC	ATE	OF	DEA	TH
CEK I	IEIC.	AIF		DEA	

REG.	NO.			

BIRTH NO.				TE OF DEATH			
(Type or Print) Clau	de Harris	on Br	own		AND HOUR OF DI		645p
3. PLACE IN BALTIMORE	MARYLAND, WHE	RE PRONOL	INCED DEAD	4. USUAL RESIDENCE (WI	ere decedsed lived	If Mistitution; resid	dence belore admissia
FULL NAME OF (IF	NOT IN HOSPITAL	OR INSTITU	TION, GIVE STREET	Maryland			502
NOIIUIION				C.CITY OR TOWN Baltimore	D.	INSIDE CITY LIMI	_
House In	The Pine	s Nu	rsing Home	E. STREET AND NUMBER		YES K	NO [
478				1605 N. App	leton St	reet	
SEX 6. RAC	F 7.	MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In yours	Il Under I Months! De	Ye. Il Under 24 Hr
Male N		IDOWED [5-6-1889	82		
OA. USUAL OCCUPATION one during most of working to	N (Give kind of work 108 life, even if retired)	KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLA CE (Stole or lo	reign country)	12. CITIZEN	OF WHAT COUNT
Lab Assist	ant H	lopkin	ns Hospital	Maryland			TIC A
3. FATHER'S NAME				14. MOTHER'S MAIDEN NA	AME		USA
John Harr	ison Brow	'n		Caroline	Offutt		
5. Was Deceased Ever in es,na ar unknown) (If yes,	U. S. Armed Forces?	earles)	1 6. SOCIAL	17. INFORMANT	3-2-00	A	DDRESS
No No	8-46 MAI DI DOIES DI	acivice!	\$ECURITY NO.	PMng mee:			
18. 1/22 9	1		CAUSE OF DEATH	Mrs. Effie	W. Brown		Appleton
7 - 2 - 1 1 /	I CONDITION DIREC		CHOSE OF DEATH	•			APPROXIMATE INTERVAL WEEN ONSET AND DEA
DISEASES OR COI	e cause (A) slo	giving ling the	(B) DUE TO, OR AS	A CONSEQUENCE OF:	classis		2 yrs.
OTHER SIGNIFICANT C TO THE DEATH BUT N DISEASE OR CONDITION	OT RELATED TO THE T	CDAMBAGA	***************************************				
19A. DATE OF OPERAT	ION 198 CONDITION WAS PERFORM	ON FOR W	HICH OPERATION	20A. AUTOPSY? (Yes or N	IN CERTIFYING	ERE FINDINGS CO	NSIDERED ATH?
OR CONTRIBUTINO	UNDERLYING CAUSE OF examined	21B, I home etc.)	PLACE OF INJURY (e.g., in form, foctory, street, old	or about 21C. WHERE DID	(it in Bo	timore City, give es	toct location[
21D.TIME (Month)	(Day) (Yeor) (H	out 21 E.	INJURY OCCURRED	21E HOW DID IN	JURY OCCUR?		
OF INJURY (APPROX.)		Whil- Work	At Work				
OF MAJORI) (this hospital) at	Work	At Work		.19 67 ta	Marie 2	1, 1972
(APPROX.) 22. I certify that (I) that (I) (we) last so	w the deceased a	tended the	At Work deceased fram 21	19.72 and t		Marie 2 apinian death o	3, 19 72
CAPPROX.) 22. I certify that (I) that (I) (we) last so and haur and from t	w the deceased a	tended the	At Work deceased fram 21	<u>'</u> □			
(APPROX.) 22. I certify that (I) that (I) (we) last so	w the deceased a	tended the	We) (did) (did nat) vi	19 72 and the body after death anding Med.		23B, DATE S	IGNED
(APPROX.) 22. I certify that (I) that (I) (we) last so and hour and from t	the deceased of the causes stated of the causes of the cause of the causes of the cause	Work tended the live an abave. (1)	We) (did) (did nat) vi	19 72 and the body after death. Med. Director 3D. ADDRESS	Staff Phys.	23B, DATE S	1GNED 25,1972
(APPROX.) 22. I certify that (I) that (I) (we) last so and haur and from the control of the con	the deceased of the causes stated of the causes of the cause	Work tended the live an abave. (1) litt, JR., M.I. TH SERVICE	We) (did) (did nat) vi	19 72 and the lew the body after death. Inding Med. Director 3D. ADDRESS		23B, DATE S	25,1972
(APPROX.) 22. I certify that (I) that (I) (we) last so and haur and from the control of the con	ROY W. CHESN STUDENT HEAL LOUIS MOPKIN DALFIMORE, M 4-27-72	work tended the live an above. (I) IUT, JR., M.I. TH SERVICE IS UNIVERSITE ARTHROPOLITY Sai	We) (did) (did nat) vi	and flew the body after death. Med. Director 3D. ADDRESS MATORY 24D. 1	Staff Phys. D	(City, town, or co	25, 1972



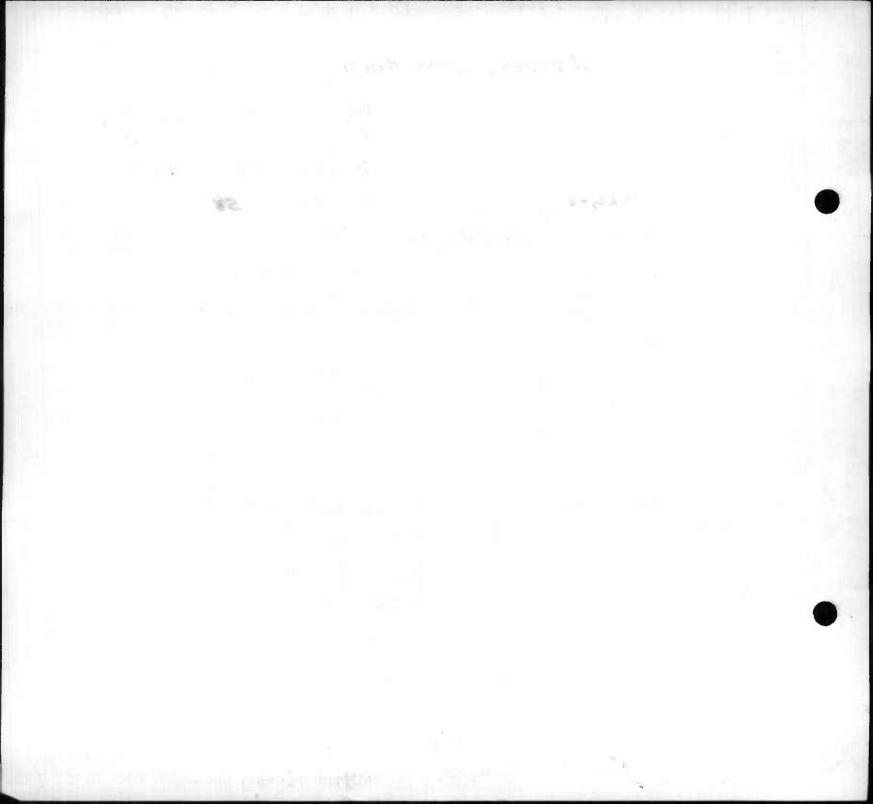
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4149	BALTIMORE CITY HEALTH DEPARTMENT
TAR BURN B	

CEDT	IEICA	TE OF	DEATH
CEKI	IFIC.A	TE OF	DEATH

		72	04	1	4	(
REG	NO			-		-

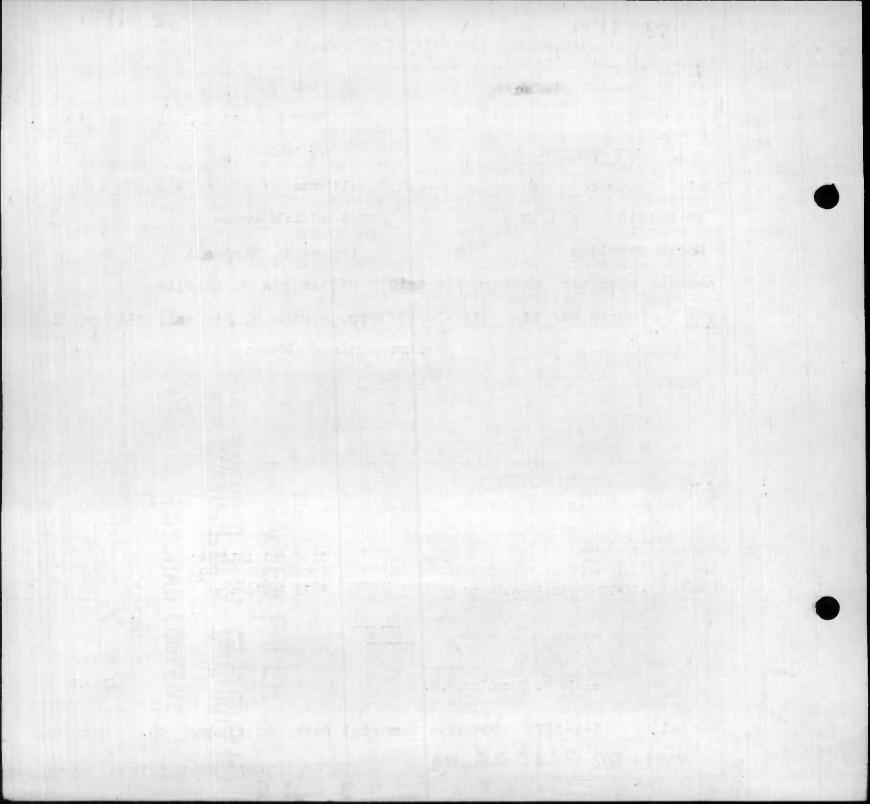
BII	72 TH NO.	04149		CERTIFIC	ATE OF [DEATH	REG. NO.	C U414	3
1,1	AME OF DEC	EASED WIN	VDER	JOHN .	YENRY	2. DATE A	ND HOUR OF DEATH	1972 ,01	12-404-
3.	PLACE IN BAL	IMORE, MARYLAND, W	HERE PRONO	UNCED DEAD	4. USUAL RE	SIDENCE (Who	ero deceased lived. If in	nstitution: residence	ce before admission)
IN	LL NAME OF	ADDRESS OR LOCA	(NOIT)	UTION, GIVE STREET	Md.			IDE CITY LIMITS?	802
2	UTHERA	~ HOSPITA	L OF	MD.	Baltin E. STREET AN	ND NUMBER		YES 🔛	NO 🗌
5.	EY	6. RACE	7			YOR WOO		1207	
1	nALe	Negro	WIDOWED		14-8-	14	9. AGE (In years lost birthday)	If Under 1 Ya	Hours Min.
don	osual occi during most of v nsuran	PATION (Give kind of work rosking life, even if retired) CE CO.	100	Carolina		CE (State or fore	ign country)	12. CITIZEN O	FWHAT COUNTRY?
13.	FATHER'S NAM	AE .	mucua.	LIIS. CO.	14. MOTHER'S	MAIDEN NA	ME		
	Samue	l Winder			Carr	ie Cam	pbell		
15. (Yo	Was Deceased	Ever in U. S. Armed Fore	os?	1 6. SOCIAL SECURITY NO.	17. INFORMAN			ADD	RESS
	yes	World War			78Mrs. H	artens	e M. Winde	er 5000	Norwood A
	(This does not heart failure, injury or cam A DISEASES Orise to the	E OR CONDITION DIR LEADING TO DEATH of moon the mode of asthenia, etc., if means plication which caused .NTECEDENT CAUSES R CONDITIONS, if a above cause (A) CONDITION last.	dying, e.g., the disease, death.)	(B) DUE TO, OR A	S A CONSEQUENCE	CE OF: GENER NCE OF:	PALISE) ME	ETASTASTS	year.
ATION	TO THE DEATH DISEASE OR CO	CANT CONDITIONS CON BUT NOT RELATED TO TH ENDITION GIVEN IN PART	E TERMINAL			***************************************	ELLITUS.		***************************************
ERTIFIC	0	OPERATION 198 CONI WAS PERF	ORMED	VHICH OPERATION	20A. AUTO	PSY? (Yes or N	IN CERTIFYING CA	FINDINGS CONS USES OF DEATH	SIDERED 17
CAL C	21A. ACCIDEN OR CONTRIBU DEATH (notify	T WAS UNDERLYING TING CAUSE OF medical examined	21 B. hom elc.)	PLACE OF INJURY (e.g. e, form, foctory, street,	in or about 21 C. v office bldg., INJU	WHERE DID RY OCCUR?	(If In Boltimor	e City, give exact	locotton)
MEDI	21 D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Year)		INJURY OCCURRED Not-Wi	ile 🗀	INI DID WOH	URY OCCUR?		
	22. I certify	that (1) (this hospital)	attended th	e deceased fram	4-7		19 72 to C	1-20	- 19 22
	that (1) (we)	last saw the decease	alive on	4-25-	19 7	and th	at in (my) (eur) api	nian death acc	urred on the date
	and haur and	fram the causes state	ed abave. (1)	(We) (did) (did nat)	view the body	after death.			
		75	amp	at mon At	tending	Med.	Staff Phys.	23B, DATE SIGN	25-72.
	23C. PHYSICIAI NAME (Ty		SAM	PAT. M.D.	23D. ADDRESS	EZAN	HOSPITAL	LOF	mp.
24A	REMOVAL (S	AATION, 24B, DATE	24C. NA	ME of CEMETERY OF C		24D. L	OCATION (Ci	ly, lown, or count	ty) (Stote)
	urial DAMAY'	4-29-72 THE HEAT DEED 72	Ark	outus Memor	ial Par	k Ba	ltimore (Co., Ma	ryland
VS	150-REV. 1/1/6	WIE VOSE	- Veri	4 2 4 6 J	NUTTE	R FUNE	PAL HOME	3035 W.	NORTH AVE



72 (.4150

AA	EDICAL	EYAMINED	S CERTIFICA	ATE	OF I	DEATH
M	IEDICAL	EXAMINER	3 CEKTIFICA	416	OF I	JEAIN

BIRTH NO.	REG. NO.
1. NAME OF DECEASED	2. DATE Known Month Doy Year Hour
(Type or Print) CHARLES Birdsoll	OF DEATH Estimoted [] M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Year Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	PRONOUNCED DEAD April 25, 1972 12:00 P.M. 5. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission)
SINAI HOSPITAL	A. STATE Maryland B. COUNTY /5//
6. SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
Male Negro WIDOWED □ DIVORCED □	Baltimore VES X NO
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. lost birthdoy) 52 Wonths, Doys, Hours, Min.	3746 Dolfield Avenue
11. BIRTHPLACE(State or foreign country) 12. CITIZEN OF	13. FATHER'S NAME
North Carolina WHAI COUNTRY?	
14A.USUAL OCCUPATION (Give kind of work 148. KIND OF BUSINESS OR INDUSTR'	Ernest E. Birdsell
done during most of working life, even if retired)	
machine operator Western Electric	Willaminia M. Lassiter 18. INFORMANT ADDRESS
(Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO.	
	AMrs. Nadine B. Birdsell 3746 Dolfield
19. CAUSE OF DEA	BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY Gunshot	wounds of abdomen
LEADING TO DEATH (A)IMMEDIATE (
(This does not mean the mode of dying, e.g., heori foilure, osthenio, etc. It means the disease, injury or complication which coused death.)	AS A CONSEQUENCE OF:
ANTECEDENT CAUSES (B)	
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR	AS A CONSEQUENCE OF:
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
Z (c)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
O THE DEATH BUT NOT RELATED TO THE TERMINAL	
DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W.	VAS PERFORMED 21. AUTOPSY? (Yes or No)
22A EVTERNIAL CALISE WAS 1228 DI ACE OF INILIDATOR	, in or obout 22C. WHERE DID (If in Boltimore City, give exact location)
O HANDERLY IN CETOR CONTRIB	injury occur? 3746 Dolfield Avenue
	22F. HOW DID INJURY OCCUR?
OF INJURY (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCCURRED	
	WORK Self-inflicted
23.	Accounted and the top the basic death in my original
	utopsy 🗶 ond that on this basis, death in my opinion
resulted fram: No urol couses Accident Suicio	de K Homicide Undetermined monner
ACTUAL ////////////////////////////////////	CHIEF MEDICAL EXAMINER DATE SIGNED
SIGNATURE M.E	
EXAMINER(S) Ronald N. Kornblum, M.D.	ASSOCIATE MEDICAL EXAMINER 4/26/72
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	or CREMATORY 24D. LOCATION (City, town, or county) (Stote)
Burial 5-1-1972 Arbutus Mem	orial Park Baltimore Co., Maryland
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME QF REGISTRAR	25C, FUNERAL DIRECTOR ADDRESS
MAY 1 - 1972 Robert E. Jailey M.D.	NUTTER FUNERAL HOME 3035 W. NORTH AV
VS 151-REV. 1/1/68 / 8791/9 7 2 0 0	03148



VS 150-REV. 1/1/68

BALTIMORE	CITY	HEALTH	DEPAR	TMENT

-	-					
C.ER	HE	CA	TE	OF	DEA	TH

	16	6
REG. NO		

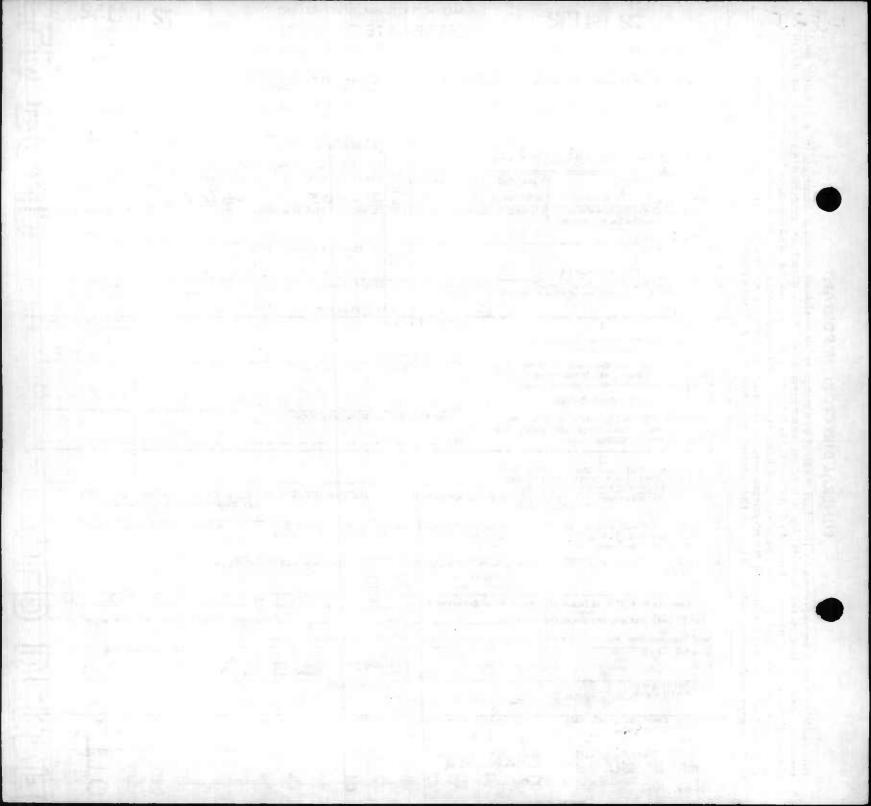
BIRTH NO. 72 04151 CERTIFIC	CATE OF DEATH REG. NO.		
1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH		
(Type or Print) VERNON & PLATER	4/25/72 10550		
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	114. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission		
	A. STATE B. COUNTY		
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	Maryland 1500		
INSTITUTION	C. CITY OR TOWN D. INSIDE CITY LIMITS?		
BALTIMORE CITY HUSPITALS	Baltimore YES X NO		
4940 Eastern Avenue	E. STREET AND NUMBER		
Baltimore, Maryland 21225 5. SEX 6. RACE 7. MARRIED VIALUES VIALUE	1824 N. Fulton Avenue		
I MAKKIED IV INEACK WAKKIED	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 H Months; Doys Hours; Min.		
MIDOMED DIVOKCED	9/14/06 65		
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUST done during most of working life, even if retired)	TRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNT		
truck driver Hecht; A & P. C	Co. / Maryland USA		
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME		
Benjamin J. Plater Sr.	3 Marie 3		
5. Was Deceased Ever in U. S. Armed Forces? 1 6. SOCIAL Yes, no or unknown If yes, give wor or doles of service SECURITY NO.	17. INFORMANT ADDRESS		
	04Mr. Ernest Plater 2506 Linden Avenue		
18. // 9 / 1 CAUSE OF DE			
DISTANCE OF CONDUCTOR PROPERTY	BETWEEN ONSET AND DE		
LEADING TO DEATH	BROOKINGERIC CENTED LUED		
(This does not mean the mode of dying, e.g., (A) IMMEDIATE C	AS A CONSTOURNES OF		
(This does not mean the mode of dying, e.g., heart laiture, asthenia, etc. It means the disease,	AS A CONSEQUENCE OF:		
injury at complication which caused death.)	OF LUNG- WITH MENASTES65		
LEADING TO DEATH (This does not mean the mode of dying, e.g., heart foliume, asthenia, etc., it means the disease, injury or complication which caused death.) ANTECEDENT CAUSES (A) IMMEDIATE CAUSE BRONCHOCENIC CANCEL / YEAR DUE TO, OR AS A CONSEQUENCE OF: OF 2 UNO - WITH METASTESGS AND ELSEWHERE (B) DUE TO, OR AS A CONSEQUENCE OF: OF 2 UNO - WITH METASTESGS (B) DUE TO, OR AS A CONSEQUENCE OF: OF 2 UNO - WITH METASTESGS			
DISEASES OF COMPITIONS, IT GRY, DIVING DOE TO, OK AS A CONSEQUENCE OF:			
tise to the above cause (A) stoling the UNDERLYING CONDITION lost.			
UNDERLYING CONDITION 10ST. (C)			
Z ONIST ALGORITHM			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING ITO THE DEATH BUT NOT RELATED TO THE TERMINAL ODISEASE OR CONDITION GIVEN IN PART 1 (A), 1794 DATE OF OPERATION 1198 CONDITION FOR WHICH OPERATION			
O DISEASE OR CONDITION GIVEN IN PART 1 (A).	120A ALIZORARIA (V		
WAS PERFORMED WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?		
21A. ACCIDENT WAS UNDERLYING TO 121R PLACE OF INTURY (o.	Yes		
Co CONTRIBUTION OF THE PARTY OF	g., in er obout 21C. WHERE DID (If In Boltimore City, give exact location), office bldg., INJURY OCCUR?		
DEATH inotify medical examined			
DEATH inotify medical examined While At Death inotify medical examined DEATH inotify medical	21F. HOW DID INJURY OCCUR?		
₹ (APPROX.) While At \ Not W	While ork		
22. I certify that (1) (this hospital) attended the deceased from	4/24 19 72 10 4/25 19 70		
that (1) (we) lost saw the deceased alive an 4/25	19 72 and that in (our) opinion death accurred on the d		
and hour and fram the couses stated above. (1) (We) (did) (did not	t) view the hady after death.		
23A SIGNATURE	23B, DATE SIGNED		
III K. Ma a m			
DEGREE P	Phys. Director Phys. Y/CO//OC		
23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS BALTIMORE CITY HOSPITALS		
VICHARI) K. MAZA MX			
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF			
REMOVAL (Specify)			
Burial 5-2-72 Mt. Auburn Ce	metery Baltimore Maryland		
TEA DATE SCOID BY HEALTH DOOR	MCCCTY Ballings		
MAY 1 - 1972 Vale & Lake Ach	metery Baltimore Maryland 25C FUNERAL DIRECTOR ADDRESS NUTTER FUNERAL HOME 3035 W. NORTH		

No. 11 - Character of the several to the Control of televity of the second of

FUNERAL DIRECTOR: IMPORTANT

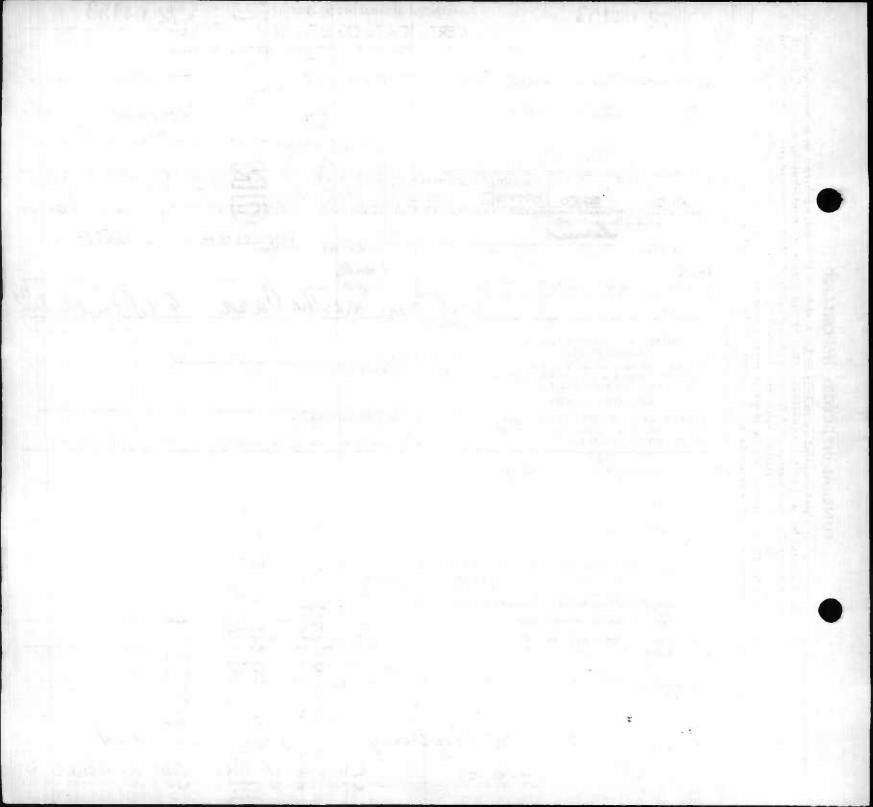
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death; and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	04150	BALTIMORE CITY	HEALTH DEPARTMENT	72 04152
	72 04152	CERTIFICA	TE OF DEATH REG. NO	12 01100
	I NO. ME OF DECEASED	CERTIFICA		
	or Print)		2. DATE AND HOUR OF DEAT	n e e e e e e e e e e e e e e e e e e e
			4-27-72 14. USUAL RESIDENCE (Where deceased lived, If	
3. Pt	ACE IN BALTIMORE, MARYLAND, WHERE PRONOUNG	CED DEAD	A. STATE B. COUNTY	institutions residence before admission
FUL	NAME OF UF NOT IN HOSPITAL OR INSTITUTE	ON, GIVE STREET	MARYLAND 2122:	3 200 da
HOS	PITAL OR AODRESS OR LOCATION)			ISIDE CITY LIMITS?
1			Baltimore	YES NO
0	o u sital		E. STREET AND NUMBER	
D	on Secours Hospital		2119 W. Fairmount	Ave.
5. SE		NEVER MARRIED	8. DATE OF BIRTH IV. AGE (in vegts	If Under 1 Yr. If Under 24 Hrs. Months! Days Hours Min.
-	remale Negro WIDOWED	SeP DIVORCED	2-2-05 lost birthdoy	Months Days Hours Min.
IOA	JSUAL OCCUPATION (Give kind of work 108, KIND OF BU	SINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY
	during most of working life, even if reffred)			
	Retired			US.A.
13. F	ATHER'S NAME		14. MOTHER'S MAIDEN NAME	
7	iomas Mitchell		Matilda Green	
RW	as Decement Ever in U. S. Armed Parenc? 116	SOCIAL		ADDRESS
Yes,	no or unknown) (if yes, give war or dates of service)	SECURITY NO.	Emma Jeff	about - sibter
	No là	47-01-3076		mount Ave. 21223
1	8.410.01	CAUSE OF DEAT	н	APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY		1 1	2 1
	LEADING TO DEATH	(A)IMMEDIATE CAL	ISE Heule M.L.	3 days.
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc., it means the disease,		A CONSEQUENCE OF:	
	injury or complication which caused death.)		, ,	
	ANTECEDENT CAUSES		(-/V pertencion	
	DISEASES OR CONDITIONS, if any, giving	DUE TO, OR AS	A CONSEQUENCE OF	
	ise to the above cause (A) stating the			
	UNDERLYING CONDITION last	(c)		
_[11			
O S	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL			
4	DISEASE OR CONDITION GIVEN IN PART 1 (A).	(884-900		
F	9A DATE OF OPERATION 19E CONDITION FOR WHI	ICH OPERATION	20A AUTOPSYT (Yes at No.) 20B, IF YES, WER	E FINDINGS CONSIDERED CAUSES OF DEATH?
ERT	O			
- 4	PLA ACCIOENT WAS UNDERLYING 21& PL DR CONTRIBUTING CAUSE OF home,	ACE OF INJURY lead, of	n or about 21 C. WHERE DID (If In Boltin flice bidg, INJURY OCCUR?	nore City, give exact location)
CAL	DEATH (notify medical examined)	truit trainily succe o		
	ID-TIME (Month) (Doy) (Year) (Hour 21E IN	JURY OCCURRED	215. HOW DID INJURY OCCUR?	
< I	OF INJURY			
	Work	At Work		
	2. I certify that (I) (this hospital) attended the	deceased from	4/25/72 19 10 2	2/27/72 19
	hat (1) (we) last saw the deceased alive on	4/24/72	19 and that in (my) (our) o	pinian death occurred on the day
	· .			E
	and hour and from the causes stated above. (1) (πe) (did) (did not) ι	view the body atter death.	IONE DAYS SIGNISM
1	3A. SIGNATURE	1	Mad and selection	23B. DATE SIGNED
	Andred Sundadd	OEGREE Phy	anding Med. Stoff Phys. Director Phys.	4/27/72
	NAME (Typel VIII)	/	23D. AODRESS	
	LANGE LONGONG- LONGO	DNOYING	Bon Secours Hosp	ind.
24A.	BURIAL CREMATION, 1248, DATE 124C, NAM	E OF CEMETERY OF CR		(City, town, or county) (State)
	REMOVAL (Specify)	t. Calve		
-	Burial 5-1-72 M	1. Carve		Mary land
25A.	DATE RECO BY HEALTH DEPT. BE SE NAME OF	REGISTRAR	25C. FUNERAL OIRECTOR	ADDRESS ST
	WHIT TOOK OWSERS OF JAMES	0 0 0	Charles A Rice 661	H. 120-LLG 21330
VS 1	50-REV. 1/1/68		0.2 1 1.7	



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

72 04153 BALTIMORE CITY	Y HEALTH DEPARTMENT 72 04153
CERTIFICA	TE OF DEATH REG. NO.
BIKIH NO.	2. DATE AND HOUR OF DEATH
1. NAME OF DECEASED (Type or Print)	1 1 2 7 1 2 2 2 1 1 2 2 2 2 2 2 2 2 2 2
JUHU & CARR	4/2/1/2 3.00 DM
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	MAKULAND
HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?
	BALTIMORE YES NO
NAADILLALIS CO.	E. STREET AND NUMBER
MARYLAND GENERAL HOSPITAL	1 64 S. FRANKLINTOWN RD.
5. SEX 6. RACE 7. MARRIED X NEVER MARRIED	8. DATE OF BIRTH 9. AGE (in years lost birthday) Months Days Hours Min.
MALE NECRO WIDOWED DIVORCED	12 - 23 - Od lest birthdoy) 7 Months Doys Hours Min.
IOA USUAL OCCUPATION (GIVE kind of work 108, KIND OF BUSINESS OR INDUSTRY	
ione during most of working life, eyen if refired)	11 0
Laturer	No. CAROLINA U.S.A.
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Mall	unk.
5. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT
Yes, no or unknown (if yes, give war or dates of service) SECURITY NO.	Land the Cana (48) 40 th
No 218-03-3040	Marva Cara 691 mullingan
18. 4 2 7, 0 1 CAUSE OF DEAT	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	N. I T. I D. S
LEADING TO DEATH	USE Minney Confillings 10
	A CONSEQUENCE OF:
Injury or complication which caused death.)	Tid 1
ANTECEDENT CAUSES	vessione Herri Fallero
DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS	5 A CONSEQUENCE OF:
rise to the above cause (A) stating the	7 Portugues of
UNDERLYING CONDITION lost, (C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE TERMINAL CIDISEASE OR CONDITION GIVEN IN PART 1 (A).	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A DATE OF OFERATION WAS PERFORMED 21A, ACCIDENT WAS UNDERLYING [1] 21B, PLACE OF INJURY (e.g.,	20A-AUTOPSY? (Yes of No.) 20B IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF Shome, form, fortery, street, o	in or obout 21 C. WHERE DID (II in Bolitmore City, give exact location) ffice bldp., INJURY OCCUR?
DEATH Inotity medical examined	
O 210. TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
₹ While At □ Not Whi	10 🖂
Work tall At Work	
22. I certify that (I) (this hospital) attended the deceased from	4/25 19 tv10 4/27 19 t2
that (1) (we) last saw the deceased alive on 4/27	19 7 and that in(my) (aur) opinion death occurred on the date
and hour and from the couses stated obove. (1) (We) (did) (did not)	
23A. SIGNATURE	238, DATE SIGNED
DEGREE Phy	
23C.PHYSICIANS NAME (Type)	23D. ADDRESS
DELEDAN LIN	MARMANIN GENERAL HOOD
24A. BURIAL CREMATION, 124B. DATE 124C. NAME OF CEMETERY OF CR	REMATORY 24D. LOCATION (City, town, or county)/ (Stote)
REMOVAL (Specify)	
BURIAL 5-3-72 MT Culiu	1) Jallanie ma
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
MAY 1 - 18/2 Vaber & Jaber 20 1	CHARLES A. RICE 661 W. BARRE St.



the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. written approval must be obtained before the remains are embalmed or final disposition is made.

was D.O.A. at a hospital (except where the physician who pronounced

Such

death was in regular attendance on the

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH REG. NO. 1. NAME OF DECEASED (Type or Print) 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) D. INSTITUTION D. INSIDE CITY LIMITS?
BIRTH NO. 1. NAME OF DECEASED (Type or Print) 2. DATE AND HOUR OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION D. INSIDE CITY LIMITS?
(Type or Print) LOUIS SAMUEL 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) D. INSTITUTION D. INSIDE CITY LIMITS?
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY W. A. C. CITY OR TOWN D. INSIDE CITY LIMITS?
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) D. INSIDE CITY LIMITS?
HOSPITAL OR ADDRESS OR LOCATION) C. CITY OR TOWN D. INSIDE CITY LIMITS?
SOUTH BALTIMORE GENERAL BALTIMORE YES NO
HOSPITAL LANDNUMBER
1830 SOUTH HIMOUR STREET
S. SEX 6. RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months; Doys Hours; Min.
MALE NEGRO WIDOWED DIVORCED 7/14/92 79 years.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country) 12, CITIZEN OF WHAT COUNTRY?
RETIRED Clahama U.S.A.
13. FATHER'S NAME
Louis Samuel Clara
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (It yes, give wor or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO.
Sallie M. Sarmiel 830 5. Hanover St.
18. 4 0 2 XI CAUSE OF DEATH
DISEASE OR, CONDITION DIRECTLY
LEADING TO DEATH (A)IMMEDIATE CAUSE ACUTE PULMONARY 2DEMA 1/ hous.
(This does not mean the mode of dying, e.g., heart foilure, asthenio, etc. It means the disease,
injury or complication which coused death.)
ANTECEDENT CAUSES (B) CON 4 ESTIVE CARDIAC FAILURE DISFASES OR CONDITIONS II DAY GIVING DUE TO, OR AS A CONSEQUENCE OF:
rise to the above cause (A) stating the
UNDERLYING CONDITION Iast. (C) HYPERTEN S1001
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL
Comparison of the Death But Not related to the terminal Comparison of the Death But Not related to the terminal Comparison of the Death But Not related to the terminal Comparison of the Death But Not related to the terminal Comparison of the Death But Not related to the terminal Comparison of the Death But Not related to the terminal Comparison of the Death But Not related to the terminal Comparison of the Death But Not related to the terminal Comparison of the Death But Not related to the terminal Comparison of the Death But Not related to the terminal Comparison of the Death But Not related to the terminal Comparison of the Death But Not related to
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 20 A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
OR CONTRIBITING CAUSE OF home form foctory street office bidg. INTITING COLLEGE
DEATH (notify medical examiner)
OF INJURY White At Not White O
White At Not White At Work
22. I certify that (1) (this hospital) ottended the deceased from Dec. 19.68 to MAY 19 7/ ,
that (W(we) last saw the deceased alive on
and haur and from the causes stated obove. (Y (We) (did) (did not) view the body after deoth.
23A. SIGNATURE 23B. DATE SIGNED
Attending Med. Staff 7
DEGREE Phys. Director Phys. 42872

MB BS DEGREE

SOUTH HA BALTIM 3001,

HANOUER OXL

PA 8 TEL 24A. BURIAL CREMATION. REMOVAL (Specify) 24B. DATE

DERT.

Ulabert E. Jaben

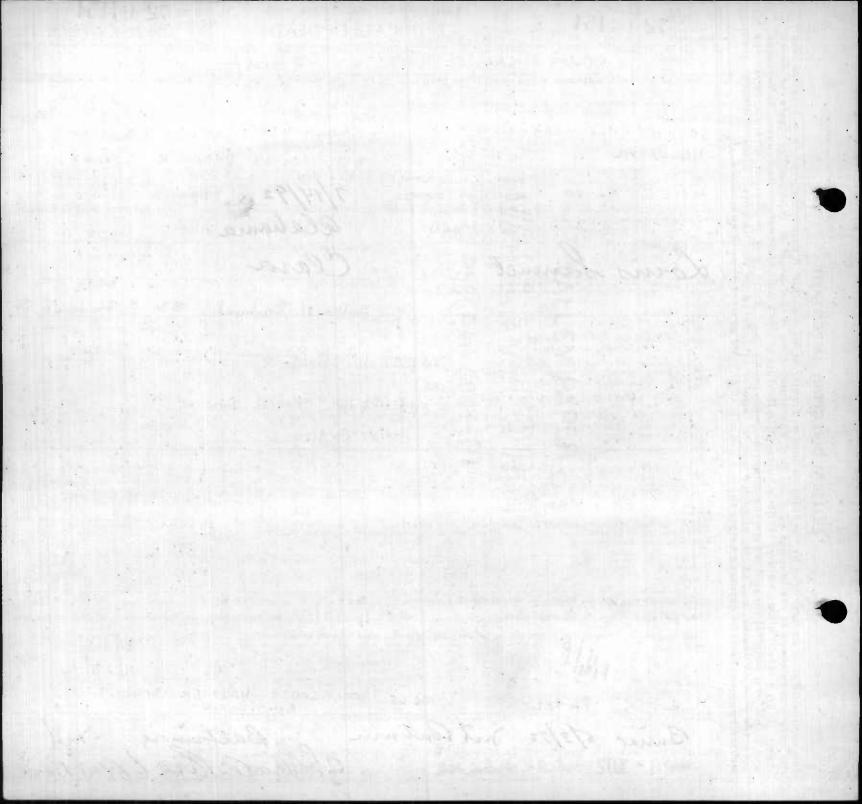
24C. NAME of CEMETERY OF CREMATORY

24D. LOCATION

ADDRESS

VS 150-REV, 1/1/6B

25C. FUNERAL DIRECTOR



if death occurred in a hospital and lirect or contributing cause of death (4) Undetermined cause; (5) Deceased was in regular attendance on the Such death. 0 prior disposition is made. deceased the 0 death or final (6) No physician was in regular attendance fracture of any pronounced embalmed the chief medical examiner who obtained before the remains are physician burns; (2) Body the 0 where the body was released to the hospital An accident of any nature; (except and death); 99 hospital must 0 approval 8 prior at was D.O.A. shows: (1) pespese

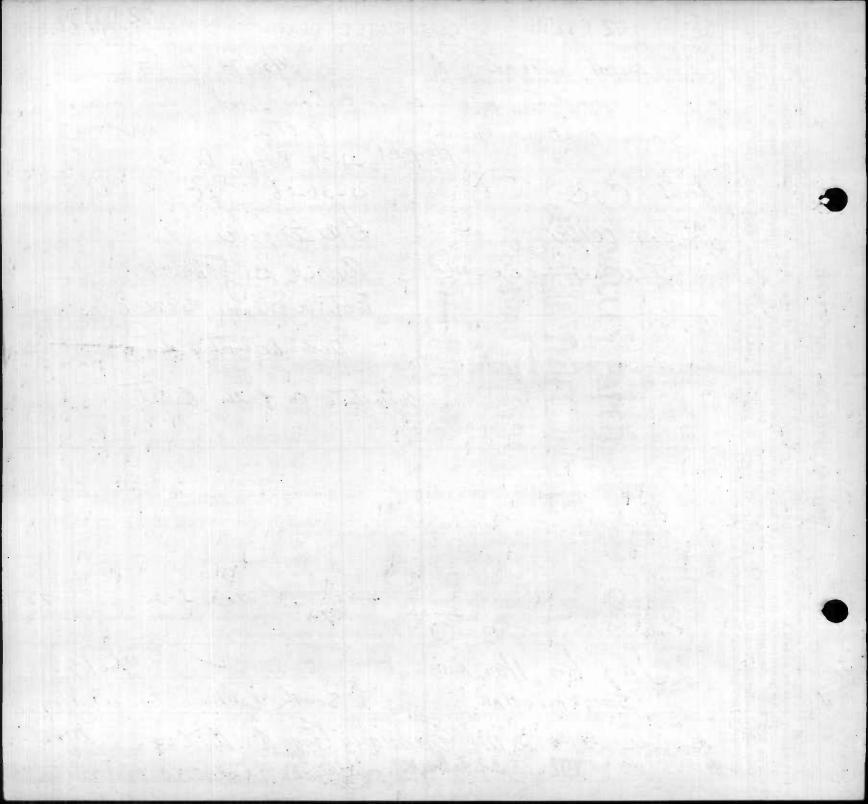
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BALTIMORE CITY HEALTH DEPARTMENT CATE OF DEATH BIRTH NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) . 20 USUAL RESIDENCE (Where deceased lived, Il institution residence before admission) 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD A. STATE MB FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION! HOSPITAL OR C, CITY OR TOWN D. INSIDE CITY LIMITS? UNION MEMORIAL BALTIMORE NO E. STREET AND NUMBER 9. AGE (In years 5. SEX & DATE OF BIRTH 6. RACE Il Under 1 Ya. Il Under 24 Hrs. 7. MARRIED NEVER MARRIED Hours 108 KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE IState or foreign country! 10A USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if refired) Housewife 13. FATHER'S NAME 4 MOTHER'S MAIDEN NAME 15. Wes Decessed Ever in U. S. Armed Forces? (Yes, no or unknown) Uf yes, give was or dotes of service) SOCIAL SECURITY NO. APPROXIMATE INTERVAL CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO, OR AS A CONSEQUENCE OF: excenemon of ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION lost CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A-DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION WAS PERFORMED 20A-AUTOPSY? (Yes or No) 218, PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID home, form, fectory, street, effice bidg., INJURY OCCUR? 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (Il in Boltimore City, give exoct location) MEDICAL DEATH (notify medical examined 21 D. TIME OF INJURY (Month! (Doy) (Year) (Hough 21E INJURY OCCURRED 216. HOW DID INJURY OCCUR? Not While While At (APPROXI Work At Work 22. I certify that (I) (this hospital) attended the deceased from ond that in (my) (our) opinion death accurred on the dote that (i) (we) last saw the deceased alive an and hour and from the causes stated above. (1) (We) (did) (did not) view the bady after death. 23A. SIGNATUR 238, DATE SIGNED Attending -Med. Director Phys. 23C. PHYSICIAN'S 23 D. ADDRESS NAME (Type DEGREE 24A. SURIAL CREMATION, (Stotet or CREMATORY LOCATION (City, town, or county) REMOVAL (Specily) 25C. FUNERAL DIRECTOR VS 150-REV. 1/1/68

Dariay Payners Beaucht 4/24 73 CEdar Had Com Etrag 12.17. Lo

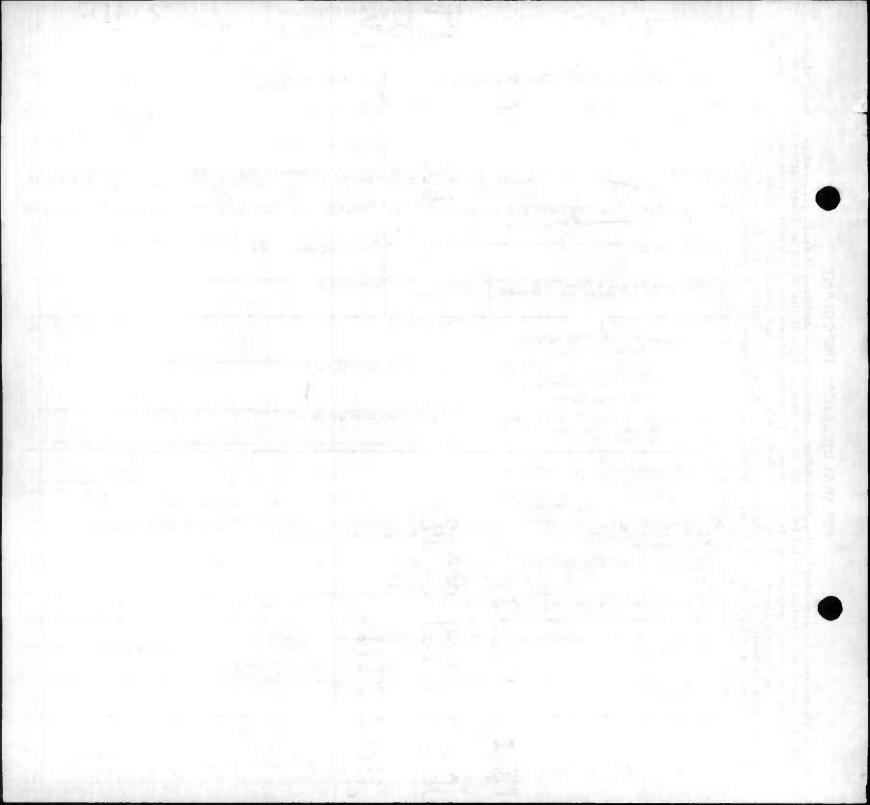
hospital

BALTIMORE CITY HEALTH DEPARTMENT 72 04156 REG. NO. ERTIFICATE OF DEATH Such of death (5) Deceased 2. DATE AND HOUR OF DEATH 1. NAME OF DECEASED (Type or Print) LO O death. institution: residence before admission) 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD ance A. STATE B. COUNTY Ballimore cause FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) D. INSIDE CITY LIMITS? canse; 0 YES L Baltimore General NO prior STREET AND NUMBER contributing (4) Undetermined disposition is made. regular 9. AGE (In years If Under 1 Yr. Months: Doys 6. RACE B. DATE OF BIRTH If Under 24 Hrs. MARRIED NEVER MARRIED deceased last birthdox Hours WIDOWED DIVORCED 11. BtRJHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? 10A, USUAL OCCUPATION (Give kind of work) Was 12. FATHER'S NAM the death 0 15. Was Deceased Ever in U. S. Armed Forces ADDRESS SOCIAL or final (Yes, no or unknown) (If yes, give war or dotes of SECURITY NO. attendance any APPROXIMATE INTERVAL pronounced CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY med LEADING TO DEATH fracture (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF embal heart foilure, osthenio, etc, It means the disease, ar injury or complication which coused death.) regu ANTECEDENT CAUSES 9 are DUE TO, OR AS A CONSEQUENCE OF DISEASES OR CONDITIONS, if ony, giving riso to the obove couse (A) stoting the physician UNDERLYING CONDITION lost. remains Mas OTHER SIGNIFICANT CONDITIONS CONTRIBUTING CERTIFICATIO TO THE DEATH BUT NOT RELATED TO THE TERMINAL physician DISEASE OR CONDITION GIVEN IN PART 1 (A) the 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 20 A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? ō before 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? (If in Baltimore City, give exoct location) where hospital °Z MEDICAL DEATH (notify medical examiner) etc.) nature; obtained 21D. TIME 9 (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? Not While OF INJURY While At (APPROX.) Work and any 4-12 22. I certify that (1) (this hospital) attended the deceased from that (1) (we) lost sow the deceased alive on 19 72and that in (my) (our) opinion death occurred on the date pe of eath) hospita (We) (did) (did not) view the body ofter deoth. and hour and from the causes stated above (1) must accident 23A. SIGNATURE 238, DATE SIGNED 0 Attending [Shaff 0 Phys. Director approval ō 23 C. PHYSICIAN'S 23D. ADDRESS prior at NAME (Type) An 1100 24C. NAME OF CEMETERY OF CREMATORY 24A. BURIAL CREMATION, (City, town, or county) 24D. LOCATION eceased o the body REMOVAL (Specify) written shows: Was HEALTH/DEPT. NAME OF REGISTE ADDRE 73 VS 150-REV. 1/1/6B



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and whe body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	BALTIMORE CITY	HEALTH DEPARTMENT	72 (4157
72 04157	CERTIFICA	TE OF DEATH REG.	
1. NAME OF DECEASED (Type or Print) Steward F	lorine	2, DATE AND HOUR OF 4/28/72	16:30 P.M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	ONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased li	
FULL NAME OF (IF NOT IN HOSPITAL OR IN HOSPITAL OR IN ADDRESS OR LOCATION)	ISTITUTION, GIVE STREET	Liary land C. GIY OR TOWN	D. INSIDE CITY LIMITS?
	tal.	Ballibrore	YES 🖾 NO 🗌
Provident Hosp 2600 Liberty	Heights	1913 McCulloh Str	eet
5. SEX 6. RACE 7. MARI Female Negro. WIDON	MED NEVER MARRIED DIVORCED	6. DATE OF BIRTH 6. AGE (In yold lost birthdoy) 38	Months Days Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIN) done during most of working life, even if refred)	O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
1) nemployed	κ.	Ballinore	
13. FATHER'S NAME		14 MOTHER'S MAIDEN NAME	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of serv	icel 16. SOCIAL SECURITY NO. 9 11 - 188 36 6	17. INFORMANT	ADDRESS
18. 0 2 0 X I	CAUSE OF DEAT	H	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY		OAX A	BETWEEN ONSET AND DEATH
LEADING TO DEATH	(A) IMMEDIATE CA		salely appear 42d
(This does not mean the mode of dying, heart failure, asthenia, etc. It means the disc injury or complication which caused death.)	dise, DUE 10, OR AS	A CONSEQUENCE OF: Jul man a	70
		(for mania	2 L X)
ANTECEDENT CAUSES	(B)	A CONSEQUENCE OF:	
DISEASES OR CONDITIONS, If any, gi	441.	A CONSEQUENCE OF:	
UNDERLYING CONDITION last.	(c)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMINATION OF THE TERMINATION	NG NAL		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTI TO THE DEATH BUT NOT RELATED TO THE TERMI DISEASE OR CONDITION GIVEN IN PART 1 [A). 19A-DATE OF OPERATION 19B-CONDITION I WAS PERFORMED U 21A-ACCIDENT WAS UNDERLYING	FOR WHICH OPERATION	20A-AUTOPSYT (Yes of No.) 20B. IF YES	WERE FINDINGS CONSIDERED
OR CONTRIBUTING CAUSE OF	21& PLACE Of INJUST le.g., home, farm, factory, street, e	n or about 21 C. WHERE DID (II Inflice bldg., INJURY OCCUR?	Boltimore City, give exact location)
O 210-YIME (Month) (Day) IYead (Haud) OF INJURY	215 INJURY OCCURRED	21F, HOW DID INJURY OCCUR	
S (APPROX.)	While At Not Whi		
22. I certify that (1) (this hospital) attend		APRIL 19 19 72 to	APRIL 28 1972
that (1) (we) lost saw the deceased alive	an APRIL 28		our) apinion death accurred on the date
			our/ apinion death accurred on the date
and hour and fram the causes stated above 23A/SIGNATURE	/e. (1) (We) (dld) (dld not)	view the bady after death.	238 DATE SIGNED
had - 10 to	11 8 AH	ending Med. Stoff Phys.	4100120
23C. PHTSICIAN'S	DEGREE Phy	23D. ADDRESS	17/20/12
M-P. LOMBATI	R M-E.	A -	PITAL BALTO MD
REMOVAL ISpecify	C. NAME OF CEMETERY OF CH	A PA.	(City, town, or county) (State)
Bernal 5-x-/2 25A. DATE REC'D BY HEALTH DEPT. 25B. NA	ME OF REGISTRAR	25C. FUNERAL DIRECTOR '	ADDRESS
MAY 1 - 1872 Oaber E 3	· · · · · · · · · · · · · · · · · · ·	C. William P. J. S.	idson are
VS 150-REV. 1/1/68	1 2 4	03152	



VS 150-REV. 1/1/68

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BALTIMORE	CITY	HEALTH	DEDA	DELIENT
DUPTHAIONE	Val. 1	DEALID	UFFA	KIMEN

	1-163	041	55
REG. NO.	16	CILL	0

BIRTH NO. 72 (4158 CERTIFICATE OF DEATH REG. NO.	
1. NAME OF DECEASED (Type or Print) MICHAEL LUGER 2. DATE AND HOUR OF DEATH 4.28-72 3:55	
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where docoosed lived, If institution: residence before	PIM
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET MARYLAND.	Samission
NSTITUTION CITY OF TOWN	
Church Home & Hospital. BALTIMORE YES NO	}
3111 MINFLEASANT AVE	E,#2
MALE WHITE WIDOWED DIVORCED 9. AGE (In yoors fast birthday) Months Doys Hours	der 24 Hrs. Min.
A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or logoign country) 12. CITIZEN OF WHAT	COUNTRY
ELIVED AMERICAN STANDARD. MARYLAND, U.S.A	
FATHER'S NAME ULRICH LUGEO 14. MOTHER'S MAIDEN NAME	
TO GEN	
. Was Decoased Ever in U. S. Armed Farces? 16. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	
NO - 213-01-4484 Hospital Clarit.	
18. CAUSE OF DEATH	INTERVAL
DISEASE OR CONDITION DIRECTLY	AND DEATH
IThis does not mean the made of dying, e.g., (A) IMMEDIATE CAUSE Cardiac Arross . Immed	liato
heart lailure, asthenia, etc. fi means the disease, injury ar campfication which coused deoth.) DUE 10, OR AS A CONSEQUENCE OF:	ambel Exchange
ANTECEDENT CAUSES (B) ACUTE MI To Frigascy lar block 14	0
DISEASES OR CONDITIONS, if ony, giving DUE TO, OR AS A CONSEQUENCE OF:	ays
rise to the above cause (A) stoling the UNDERLYING CONDITION last. (C) GT bearing, CVA	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A)	
19A DATE OF OPERATION 198 CONDITION FOR MULTINATION FOR MULTIN	
20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CAUSE OF	
DEATH (natify medical examiner) hame, form, factory, street, affice bldg. INJURY OCCUR?	
21D. TIME (Manth) (Doyl (Year) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	
(APPROX.) While At Not While	
22. 1 certify that (1) (this hospital) attended the deceased from 4 /4, 19 /2 to 4 28. 19	
then (I) () love the state of	1_/2_
and that in (m) / (out) opinion death accurred an	the date
and haur and from the causes stated obove. (f) (We) (dld) (did nat) view the bady ofter death.	
Attending Med. Stoff V 23B, DATE SIGNED	
DEGREE THE PROPERTY OF THE PRO	Σ.
SATPAL SINGH M.D. Church Home Shospital	
A BURIAL CREMATION, 124B, DATE 124C, MAAR of CEASTERY CREATERY	
REMOVAL (Specify) (City, town, or county)	(Stote)
BURIAL 5-1-72 SACRED HEART CEM, 7401 GERMAN HILL RD. BA.CO.	, MD
MAYELD 1872 BETTE DESIGNATION OF REGISTRAR 25C. FUNERAL DIRECTOR GUILLEY 901 S. CONICLING	57
150-REV. 1/1/68 BALTO, 2122	4. MI

NEWS LABOR TO

.

Church Home & Hospital.

MALE WHITE

ULRICH LUBER

Retired

3717 MT. PLEASANT AVE,#24.

213-01-4487

AMERICAN STANDARD BALTIMORE MARTLAND.

MARYLAND

BALTIMORE

CHTHERING DOEFLER

X

411-25-54

BURIAL 5-1-72 SACKED HEART CEN THEI GERMAN HILLIA BALL, ND.

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	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospi	the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Do	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to deat	written approval must be obtained before the remains are embalmed or final disposition is made.
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FUNERAL DIRECTOR: IMPORTANT

W- 4	10		BALTIMORE CITY	HEALTH DEPARTM	ENT	
BIRTH NO.	20		CERTIFICA	TE OF DEA	TH REG. NO.	72 04159
I.NAME OF DE	CEASED			12. D	ATE AND HOUR OF DEAT	TH
(Type or Print)	HENRIET	TA M.	WOLF,		4-29-	72 5 PM
3. PLACE IN BA	LTIMORE, MARYLAND, V	WHERE PRONO	UNCED DEAD	A. STATE	E (Where deceased lived, If	institution: residence before admission
FULL NAME OF	UF NOT IN HOSPI	TAL OR INSTIT	TUTION, GIVE STREET	Maryland	BALTE	521
HOSPITAL OR	Baltimore Cit			C. CITY OR TOWN	D. It	NSIDE CITY LIMITS?
	4940 Eastern	-	cais	Báttt Di		YES NO X
31	Baltimore, Ma		21224	E. STREET AND NU	MBER	
	Darchiore, No	TYTAIA	C1CC-3	6719 Danv	ille Ave. 212	22
S. SEX	6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthday)	II Under 1 Yr. 11 Under 24 Hrs Months Days Hours Min.
Female	Caucasian	WIDOWED		1/29/01	71	Tribuits Doys Hours Iving
OA, USUAL OCC	UPATION (Give kind of working life, even if retired)	108 KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote	or foreign country)	12. CITIZEN OF WHAT COUNTE
Reti		Hot	use Work	Raltin	more . Md.	U.S.A.
3. FATHER'S NA		1100	TOP WOLK	14 MOTHER'S MAID	, , , , , ,	0.5.A.
	August P	Schul	1 1.7		Caroline Be	hrande
5 Was Deceased	d Ever in U. S. Armed Fo		16. SOCIAL	17. INFORMANT	odioline be	
Yes, no or unknow	a) (If yes, give war or date	s of service)	SECURITY NO.	17. INFORMANT		ADDRESS
No		- 4-	NONE	BCH Record	s 4940 Eastern	Ave. 21224
18. duple de	OXI		CAUSE OF DEATH	1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
DISEA	SE OR CONDITION DI	RECTLY				SETWEEN ONSET AND DEAT
	LEADING TO DEATH		CANIMATEDIATE CALL	CE CAPINIDEE	SPIRATORY MAR	PREST minute
(This does	not mean the mode of	dying, e.g.,	A. Attendance of the Control	CONSEQUENCE OF:	ST THE STORY	THE MAN TO STATE OF THE STATE O
heart tailure,	asthenia, etc. It means	the disease,	, , , , , , , , , , , , , , , , , , , ,	· · · · · · · · · · · · · · · · · · ·		
	ANTECEDENT CAUSES		(A) INFE	RIORMYC	CARDIAC INF	ARCT BHOURS
DISEASES	OR CONDITIONS, if	any, giving	DUE TO, OR AS	A CONSEQUENCE OF		***************************************
UNDERLYIN	e above cause (A) G CONDITION last	stating the	mhio Pulr	n Emboli		
	11		(G/adeinseting			***************************************
OTHER SIGNI	FICANT CONDITIONS CO	NTPIRITING	C	- 000000	- ^	
E TO THE DEA	TH BUT NOT RELATED TO T	HE TERMINAL	Je1208	E DISORDI	= K	
19A.DATE OF	ONDITION GIVEN IN PART OPERATION 198 CON	DITION FOR	WHICH OPERATION	20A. AUTOPSY? (Ye	s or Noll 208 IE VEC WED	E FINDINGS CONSIDERED
21A. ACCIDE	WAS PER	FORMED		No		AUSES OF DEATH?
21A. ACCIDE	NT WAS UNDERLYING	1 1218	PLACE OF INJURY (e.g., In	or about 21 C. WHERE	DID #11 to Rolling	are City, give exact location)
OR CONTRIBI	NT WAS UNDERLYING UTING CAUSE OF	homeic	e, form, foctory, street, off	ice bldg. INJURY OC	CUR?	tore Cny, give exact location;
)						
21D. TIME	(Manth) (Dayl (Year)		INJURY OCCURRED	1	ID INJURY OCCUR?	
(APPROXI		Whi	ile At Not While		,	
22. 1 cerelly	that (1) (this hospital			CUANO	19 <u>77 to</u>	(//30 == 0
			4 c 29 '	7.07		7 19 19
	last saw the decease				· ·	pinion death occurred on the da
		ed above	(did) (did not) vi	ew the body ofter d	leath.	
23A. SIGNATU	JRE					23 & DATE SIGNED
Kai	en Mi	100	MD DEGREE Phys.	ding Med.	Shoff Phys.	V. 30. 33
23 C. PHYSICIA	IN'S			3D ADDRESS		1 1 - 7 12
NAME (1				Dalt	imore City Hos	pitals
	O'Neil M.D.		DEGREE		Eastern Ävenu	E 21224
REMOVAL	MATION, 248. DATE	24C. N/	AME of CEMETERY of CRE	MATORY	24D. LOCATION (City, town, or county) (State)
Burial		2	Oak Lawn C	emeterv	7225 Eastern	Blvd.Ba.Co., Md.
SA. DATE REC'D	BY HEALTH DEPT.	258. NAME C		25G FUNERAL DIE		
440V 1	- 1072 2.0.4	E Jal	a acan o a	laha. In	0 1 1 1 2 20	1 S. Compring St lto.,21224,Md.
MAIL	JIL JUDGE	-		- Samuel	79	TOO . J Z T Z Z 4 ; III U .

HENDETT'S M. WOLF.

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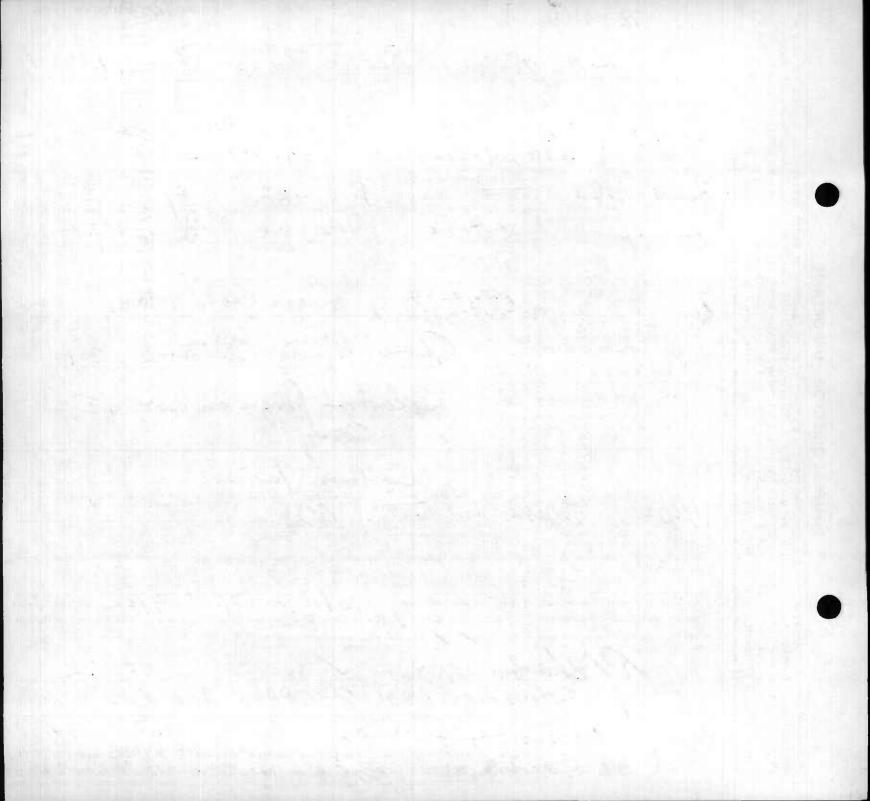
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4-24-12 3-20

FUNERAL DIRECTOR: IMPORTANT

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the Odeceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

72 04160	BALTIMORE CITY	HEALTH DEPARTMENT	12 04100
BIRTH NO.	CERTIFICA	TE OF DEATH REG. NO	
1. NAME OF DECEASED CATHE	RINE BL	Ake Ey. april 28	-1972 11:25 P.M
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRON	OUNCED DEAD	A. STATE B. COUNTY	If institution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR INST	TITUTION, GIVE STREET	mst.	2303
HOSPITAL OR ADDRESS OR LOCATION)	01		INSIDE CITY LIMITS?
10 1731 hat apre	e-77.	E STREET AND NUMBER	YES NO NO
Balto, me	1121230	1731 Patonse	o-97.
S. SEX 6. RACE 7. MARRIE	D NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years lost birthday)	If Under 1 Yr., If Under 24 Hrs. Months: Doys Hours Min.
Jenul What widows		Jer 28-1902 6	9
MA. USUAL OCCUPATION (Give kind of work 108, KIND done during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote of foreign country)	12. CITIZEN OF WHAT COUNTRY
Housewife-	Game	plane grove, pg-	2154
13(FATHER'S NAME	HNoke	14. MOTHER'S MAIDEN NAME	
	ANTIONE		
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service)	8 SOCIAL NO.	17. INFORMANT W. BLAKE	HUSBERY) Same
18. 1 4. 9 XI	CAUSE OF DEAT		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY		D 00 00	- FO
LEADING TO DEATH (This does not mean the made of dying, e.	PANIMEDIATE CAL		tona 30 dona
heort failure, asthenia, etc. It means the diseos injury or complication which caused death.)		A CONSEQUENCE OF:	1/
ANTECEDENT CAUSES		. 61	
DISEASES OR CONDITIONS, if ony, givin	DUE TO, OR AS	A CONSEQUENCE OF:	The fill the
rise to the obove cause (A) sloting I	ne	Courses	
ONDERCTING CONDITION 1051.	(C)	P	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION		1 - 1 -	114
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMINA DISEASE OR CONDITION GIVEN IN PART 1 (A).	-	Acoses from	
198 CONDITION FO	WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WIN CERTIFYING	ERE FINDINGS CONSIDERED CAUSES OF DEATH?
U 2/A. ACCIDENT WAS UNDERLYING	1B. PLACE OF INJURY (e.g., i	n or about 21 C. WHERE DID //ff in 8 all	timore City, give exoct location)
OR CONTRIBUTING CAUSE OF	ome, form, foctory, street, of	fice bldg., INJURY OCCUR?	minore only, give exoct loconon,
0	1E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
€ OF INJURY	While At Not Whil		
	Vork At Work	10/1	11/2: 277
22. I certify that (1) (this haspital) attended	. / -2	19 / to	J J 19/4
that (1) (we) lost saw the deceased alive or		19 and that in (my) (our)	opinion death accurred on the dot
ond haur ond from the couses stated obove.	(I) (Mre) (grd) (did not) v	iew the body after deoth.	23B. DATE, SIGNED
W/ Dhander	NA P Atte	Med. Staff Director Phys.	5/1/27
23C. PHYSICIAN'S		23D. ADDRESS	
NAME (Type) R. G. CHAM	BERS - (MD)	836 PARK AU	e BOLSO My.
Band (Specify) May 2 / 972	NAME of CEMETERY OF CRI	MATORY 24D, LOCATION COLDER	(City, town, or county)
MAY 1 - 13/2 Uches E. NAM	E OF REGISTRAR	25C. FUNERAL DIRECTOR UK 15	LEST BELLOWY 1230
VS 150-REV, 1/1/6B	(G	26 3 5 5	



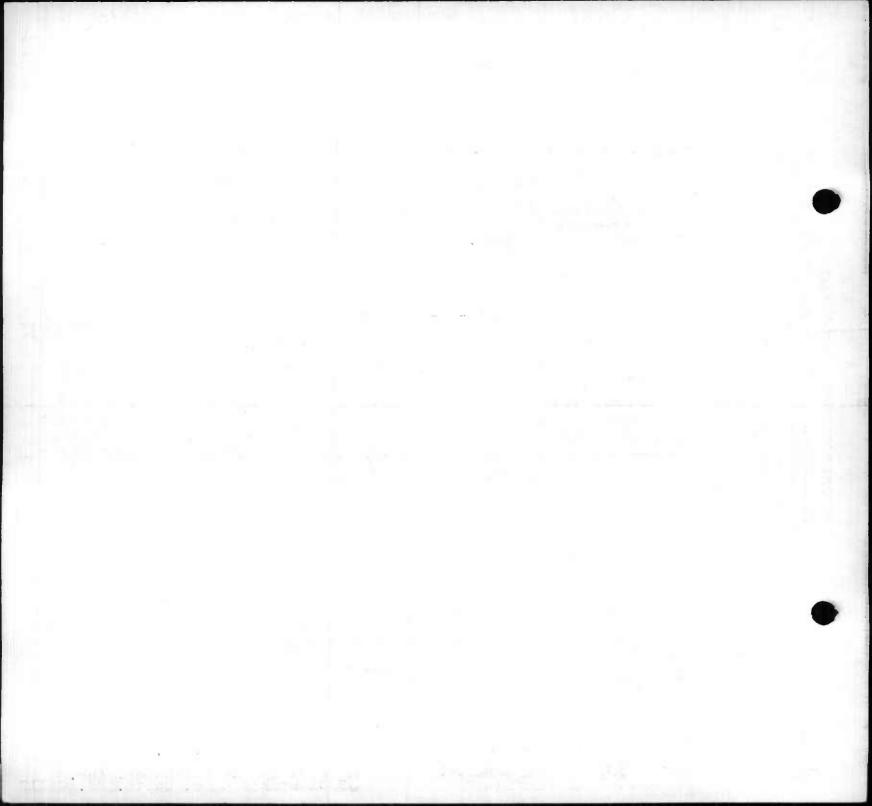
VS 150-REV. 1/1/68

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1 1-	1				

BALTIMORE CITY HEALTH DEPARTMENT

	170	ΩA	167
REG. NO.	16	13.4	TOT

BIRTH NO.	()4102		CERTIFICA	TE OF DEAT	H REG. NO	IL OTIOL
INAME OF DEC	EASED			2. DA	TE AND HOUR OF DEAT	Н
(Type or Print)	CLOUD DUN	W.T			1-27-72	12:15 PM
3. PLACE IN BAL	TIMORE MARYLAND, W	HERE PRONOUNC	ED DEAD	4. USUAL RESIDENCE	(Where deceased lived, If	institution: residence before admission)
FULL NAME OF	(IF NOT IN HOSPITA	U OR INICETALIZA	N. CILLE COLOR	MARYCAN		915
HOSPITAL OR	ADDRESS OR LOCA	HON)	N, GIVE STREET	C. CITY OR TOWN		ISIDE CITY HIMPEO
25				BAUTIMOR		ISIDE CITY LIMITS?
CHUR	CH HOKIE 4	HOSPIT	AL	E. STREET AND NUM	BER	YES NO
- 1, 10,				3023 Loc	HRAUEN ROAL	D
5. SEX	6. RACE	7. MARRIED LA	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	
M	W	WIDOWED	DIVORCED	10-13-10	last birthdoyl	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
IOA. USUAL OCCU	JPATION (Give kind of work		INESS OR INDUSTRY	11. BIRTHPLACE (State of	or foreign country)	12. CITIZEN OF WHAT COUNTRY
gone guring most of	working life, even it refired)					12. CHIZEN OF WHA! COUNTRY
RETIR	100	Beth.	Steel	PENN SY C		
13. FATHER'S NAM	W.E			14. MOTHER'S MAIDE	NAME	
CLOU	ID DUHN			ELIZA BE	TH	
15. Wos Decoosed	Ever in U. S. Armed Forc		SOCIAL	17. INFORMANT	7 - 1	ADDRESS
	ut yes, give wer of doies		SECURITY NO.	1-11-1		SAL
18. 44.		214	-03-4206 CAUSE OF DEAT	EILEEN D	WHN.	SAME
	OVI			-		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	E OR CONDITION DIR	ECTLY	PROF	ound ceke	PAL ANOKIA	2 DA45
IThis does n	of mean the mode of	dving, e.g.,	(A) IMMEDIATE CAU	SE		~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
heort failute,	asthenia, etc. It meons plication which caused	lhe disease.	A C L	TE RESDIRA	TORY FAICE	2 DAYS
	INTECEDENT CAUSES	oeam.)			-	2 PA4 S
			(B) /+6	PATION	PHLEMONIA	
rise to the	R CONDITIONS, if a above causa (A)	ny, giving	DUE TO, OR AS	A CONSEQUENCE OF:	Han	Die
UNDERLYING	CONDITION last.		(c)	PUDEIONA	Ly EMBOUSH	7 - PAYS
	11			CELEBRAI	U GIABOLISM	7 - Pf45
OTHER SIGNIFICATION THE DEATH	CANT CONDITIONS CON	TRIBUTING	OLD		IN INFARA	
	H BUT NOT RELATED TO THE	1 (A).	*****************			
19A. DATE OF	OPERATION 198. COND	TION FOR WHIC	H OPERATION	20A. AUTOPSY? (Yes	or No. 208 IF YES, WERE	FINDINGS CONSIDERED AUSES OF DEATH?
O						AUSES OF DEATH!
OR CONTRIBU	TING CAUSE OF	home, for	CE OF INJURY leag., ir m., foctory, street, of	or obout 21 C. WHERE Dice bldg., INJURY OCCU	ID (if to Boltim	ore City, give exect location)
	(Month) (Doy) (Year)	(Hour 21E INJL	JRY OCCURRED	21F. HOW DIE	INJURY OCCUR?	
OF INJURY		While At	Not While			
22 1		Work	L At Work			
	that (I) (this hospital)			3122) 12	19 <u>/</u> ta	4-1 19 72
	last saw the deceased			19 <u>72</u> _ar	nd that in (my) (our) ap	Inlan death accurred an the date
and have and	fram the causes state	d abave. (I) (We	o) (dfd) (did nat) vi	ew the bady after de	ath.	
23A. SIGNATUI						23 B. DATE SIGNED
ma.	Elina V Ma	angenal	M Q Atter	Med. Director	Shoff Phys.	4-27-72
23C. PHYSICIA! NAME (Ty	2.74	0 8		3D. ADDRESS	,	
MA	ELENA U.	MARKER	MAD	100 M BR	DADODAL BA	Th Ma 2123.
24A. BURIAL CREA	AATION, 24B DATE	24C NAME	DEGREE OF CRE			VIO. 190 2/23/
REMOVAL (S					S LOCATION (C	City, town, or county) (Slote)
Buria			don Park		Balto. M	id.
MAY 1	- 1972 Pale	SE NAME OF RE	GISTRAR	25C. FUNERAL DIREC	CTOR	ADDRESS
mmi 1	DIE VIOSER	- Name	- C	3381 87	ehms Lane	Homes, Inc. Balto, Md. 21213
F 3 CO DELL 9 /9 //						

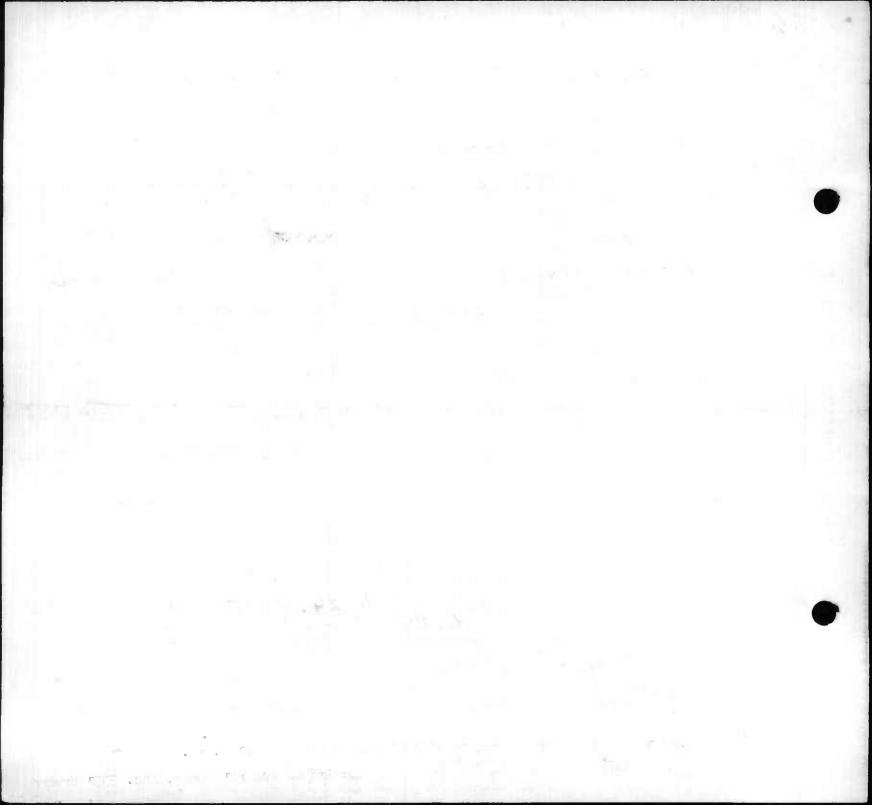


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4162	CEDTI

DRE CITY HEALTH DEPARTMENT

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EG. NO.	100	0 1	

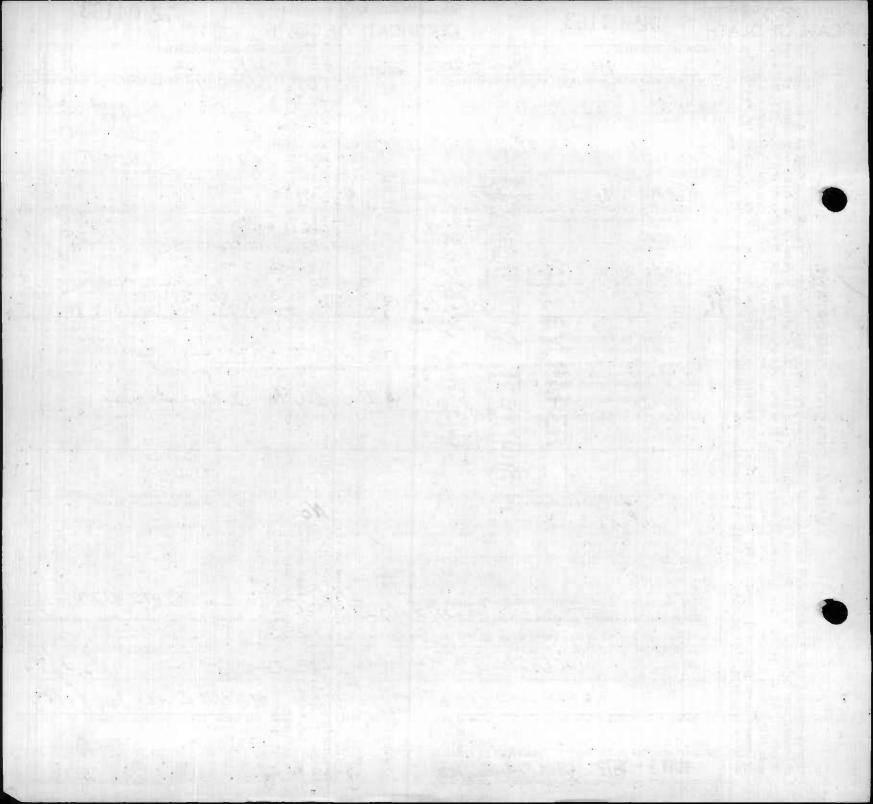
72 0416	CERTIFICA	ATE OF DEATH REG. NO	12 04.102
I.NAME OF DECEASED	0	2. DATE AND HOUR OF DEATH	H
CONRA	D SCHNEIDER	4. 24.72	19.30 AM
3. PLACE IN BALTIMORE, MARYL.	ND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If	institution; residence before admission)
ULL NAME OF (IF NOT IN ADDRESS ON STITUTION	HOSPITAL OR INSTITUTION, GIVE STREET IN LOCATION)	C. CITY OR TOWN D. IN	SIDE CITY LIMITS?
Charact II.	2000 A Q 4	CITY	YES NO
Crowten ste	ome 8 Hospital.	E. STREET AND NUMBER	
SEX 6. RACE		3105 E.FAYETTI	E St.
MW	7. MARRIED NEVER MARRIED WIDOWED DIVORCED	6.29.04. 9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
OA. USUAL OCCUPATION (Give kinders of working life, even if	d of work 108, KIND OF BUSINESS OR INDUSTR	11. BIRTHPLACE (Stote or foreign country)	12. CITIZEN OF WHAT COUNTRY
Unanguar		MARYLAND RESE	434.
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
AUGUST		CATHERINE SO	CHIEMMAL.
S. Wos Deceased Ever in U. S. Anderson or unknown) (If yes, give war	or dotes of servicel 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
	215-10-7802	Hapital Count	
18.4 12,41	CAUSE OF DEAT	H	APPROXIMATE INTERVAL
DISEASE OR CONDITIE			BETWEEN ONSET AND DEATH
(This does not mean the m		USE Unknown, A CONSEQUENCE OF:	unkan
heori loriure, osihenio, elc. Il	medis me diseose.	A CONSEQUENCE OF:	
injury or complication which			unknow
ANTECEDENT C	AUSES (B)	SCVD,	Long Stand
rise to the obove couse	S, il ony, giving DUETO, OR AS e (A) stoling the	A CONSEQUENCE OF:	
UNDERLYING CONDITION IN	ost. (C)		
. 11			
OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT RELATE DISEASE OR CONDITION GIVEN	D TO THE TERMINAL		
DISEASE OR CONDITION GIVEN	IN PART I (A). B. CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES. WERE	Philipping College and
19A-DATE OF OPERATION 19	AS PERFORMED	IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
21 A. ACCIDENT WAS UNDERLY	TING 218 PLACE OF INJURY (e.g.,	n or about 21 C. WHERE DID (If In Boltimo	re City, give exact location)
DEATH (notify medical examined	home, form, foctory, slieot, o	ffice bidg., INJURY OCCUR?	only gree exact reculion,
21 D. TIME (Month) (Doy)	(Yeon) (Hour) 21 E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
OF INJURY	While At Not While		
22 I consider these (1) (abic he	Work At Work		
	spital) attended the deceased from		+,24, 19/2
that (i) (we) last saw the de		1972 ond that In(my) (our) api	nion deoth occurred on the date
23A. SIGNATURE	s stoted above. (I) (We) (dld) (dld not) v	iew the body ofter deoth.	
Sasto	LA KAN	nding Med. Stoff 77	23B, DATE SIGNED
	DEGREE Phy	Director Phys.	4.24.72
23C. PHYSICIAN'S NAME (Type) SATPA	L SINGH M.D.	Church Home	Expenito .
AA. BURIAL CREMATION, 24B. DA	OF OF CRE	MATORY 24D. LOCATION (C	ity, town, or county) (Stote)
Burial 1/2	27/72 Gardens of Fait		to some
	Ber Bo Ender Berg Mills	1 Cemetery Balto. Md.	ADDRESS
WAY T - MIS	77200	Schimunek Funeral Homes	The 3324 Deale
150-REV. 1/1/68	1 64 5	1010	ane, Balto, Md.
		23	Quie Dallo, MA 21



REG.	NO	72	04	16
KEG.	NO.			

BIRTH NO.	CERTIFICA	TE OF DEATH	REG. NO	
I, NAME OF OECEASED		2. DATE AN	O HOUR OF, DEATH	
(Type or Print) MILLER	MILDRED ERA	all W	1/29/72	0 1.
3. PLACE IN BALTIMORE, MARYLANO, WHERE PR		4. USUAL RESIDENCE (When	re deceosed lived. If ins	titution; residence before admission)
		A. STATE B. COUN	TY	1201
FULL NAME OF (IF NOT IN HOSPITAL OR II HOSPITAL OR A OORESS OR LOCATION)	NSTITUTION, GIVE STREET	C. CITY OR TOWN	D. INSID	DE CITY LIMITS?
11 In		BALTIMORI	9	YES [7] NO
UNION MEMOLI	AL HOSPITAL	E. STREET AND NUMBER	LALLES S	TREGY.
5. SEX 6. RACE 7. MAAD		B. OATE OF/BIRTH /		
FEMILE WhITE WIDO	WED DIVORCED	9/29/80	9/	Months Doys Hours Min.
ida, USUAL OCCUPATION (Give kind of work 10B, KIN	OF BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY
	Tomo	MARYLAR	17)	USA
Homemaker U	wn Home	14. MOTHER'S MAIDEN NA	ME	
Robert John Miller		Maria	Adams	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of services)	1 6. SOCIAL vice) SECURITY NO.	17. INFORMANT	am Car 17-4	ADDRESS
no .	219-10-8361-	Mrs. Willia	am Cox Wri	Novida Po 1008
110	CAUSE OF DEATH	TO 15 27 00 47.	s na. St.	APPROXIMATE INTERVAL
7 4 7	J.,Jet of Stati			BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		ALUTE F	71/NaMANOV	Spend
(This does not mean the mode of dying,	(A) IMMEDIATE CAUS	CONSEQUENCE OF:	JUNIONIPILY C	20074
heort foilure, osthenio, etc. Il meons the dis-		CONSEQUENCE OF:		
injury or complication which coused death.)	Λ	A. 1. 17:	0.0.	1.11
ANTECEDENT CAUSES	(8)	terosclerolbie	Caracoroscul	or desease
DISEASES OR CONDITIONS, if ony, g		A CONSEQUENCE OF:		
rise to the obove couse (A) stating UNDERLYING CONDITION lost.				
	(C)			
Z OTHER SIGNIFICANT CONDITIONS CONTRIBUT	INC			
O THE DEATH BUT NOT RELATED TO THE TERMI				
▼ DISEASE OR CONDITION GIVEN IN PART 1 (A).	FOR WHICH OPPRATION	20A, AUTOPSY? (Yes or No	20B, IF YES WERE FI	NDINGS CONSIDERED
WAS PERFORMED		20A. AUTOPSY? (Yes or No	IN CERTIFYING CAU	SES OF DEATH?
19A. DATE OF OPERATION WAS PERFORMED	21B. PLACE OF INJURY (e.g., in	or obout 21 C, WHERE DID	(If In Boltimore	City, give exoct location)
OR CONTRIBUTING CAUSE OF	home, form, foctory, street, off		a to minor in	City, give exoct location)
U	etc.)			
OF INJURY (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21 F. HOW DID INJ	URY OCCUR?	
₹ (APPROX)	While At Not While			
	Work LJ At Work	11/10/22		1/2 0/22
22. I certify that (I) (this haspital) attend		2	19to	7/2 7/ 19
that (1) (we) last saw the deceased alive	on 4/29/	2 19 ond th	ot in (my) (our) opin	Ion death accurred on the date
and hour and from the causes stated abo	ve. (1) (We) (dld) (did not) v	iew the body ofter death.		
23A. SIGNATURE	that in			23B, DATE SIGNED
MACI 120		nding Med.	Stoff 7	1/170/72
23C. PHYSICIAN'S	DEGREE Phys	Director L	Phys.	4/27/
PAME (Type) RAMON DA	9. BUCTO, 40		1 EM ORIA	4 VOOR, TH
7) 47.1070 350	DEGREE	UNION P	CHURIA	- HOSIING
24A. BURIAL CREMATION, 24B. DATE 2. REMOVAL (Specify)	4C. NAME of CEMETERY of CRE	MATORY 24D. L	OCATION (City	, town, or county) (State)
Burial 5-2-72	Green Mount Ce	metery	ltimore,	Marriand
	ME OF REGISTRAR	25C. FUNERAL DIRECTOR		Maryland
MAY 1 - 1972 Robert E.		Henry W. Je	nking Sons	CO. 27.27.2
THE OWNER OF		141705 Mork	nd. Dalto.	, Ma, CLCLC

VS 150-REV. 1/1/68



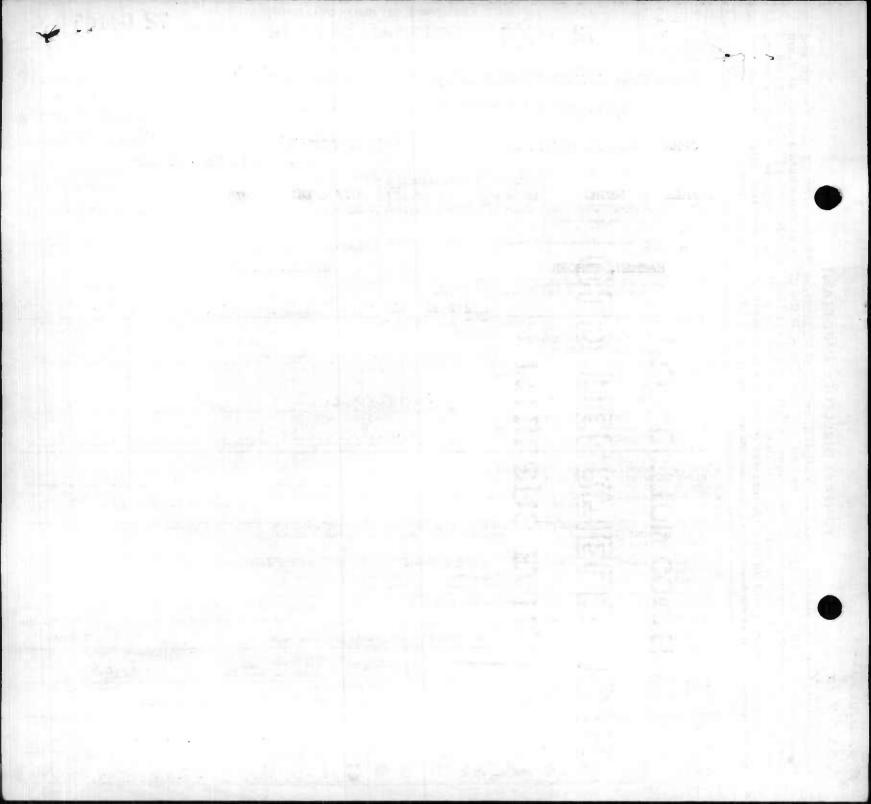
BALTIMORE CITY HEALTH DEPARTMENT 72 04164 CERTIFICATE OF DEATH eath occurred in a hospital and or contributing cause of death indetermined cause; (5) Deceased Such I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) E O ISERO eath. 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, II institution: residence attendance FULL NAME OF HOSPITAL OR INSTITUTION HE NOT IN HOSPITAL OR INSTITUTION, GIVE STREET T ADDRESS OR LOCATION C. CITY OR TOWN D. INSIDE CITY LIMITS? 0 YES NO prior E. STREET AND NUMBER in regular mad 5. SEX 6. RACE 8. DATE OF BIRTH 9. AGE (In years NEVER MARRIED If Under 1 Yr. Months: Days Il Under 24 Hrs. deceased MARRIED birthdoy Hours WIDOWED DIVORCED 10A USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? isposition done during most of working life, even if retired) (4) Und Was the 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME the direct assistant if ICERU MAYU EGGIE death 0 15. Was Deceased Ever In U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service) kind; 6. SOCIAL 17. INFORMANT ADDRESS final SECURITY NO. regular attendance MAYO 2530 QUANTI 09-2333 fracture of any pronounced APPROXIMATE INTERVAL 10 0,0 BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY B embalmed. LEADING TO DEATH (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF heart failure, asthenia, etc. It means the disease, examiner. injury or complication which caused death.) ANTECEDENT CAUSES who 910 4 DISEASES OR CONDITIONS, il any, giving DUE TO, OR AS A CONSEQUENCE OF: 3 rise to the above cause (A) stating the physician UNDERLYING CONDITION last before the remains chief medical Was by a medical accident of any nature; (2) Body burns; н CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING (6) No physician TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). the 19A-DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION 20A. AUTOPSY! (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF where 218, PLACE OF INJURY (e.g., in or obout 21C, WHERE DID home, form, fectory, street, office bldg., INJURY OCCUR? If In Boltimore City, give exoct location to the hospital MEDICAL OEATH (notify medical examined) approved by obtained 21D. TIME OF INJURY (Month) (Doy) (Year) (Hous) 21F. HOW DID INJURY OCCUR? 21 & INJURY OCCURRED (except While At Not While (APPROXI pub At Work Work 22. I certify that (I) (this hospital) attended the deceased from doath); pe that (1) (we) last saw the deceased alive on ond that in(my) (aur) opinion death occurred on the dote hospital the body was released ond hour and fram the causes stated above. (1) (We) (did) (did not) view the body after death. must 23A. SIGNATURE 23 L DATE SIGNED Attending [0 Med. approval 0 23C. PHYSICIAN'S NAME (Type) prior 23D. ADDRESS 40 An was D.O.A. 24A. BURIAL CREMATION. shows: (1) bespesed CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) REMOVAL (Specify) written AUBURIY EM. 5 SURIAL. DATE REC'D BY HEALTH DENT 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS VS 150-REV. 1/1/68

4/19/42 2530 Quantico-AVE,

	BALTIMORE CITY HEALTH DEPARTMENT
65	CERTIFICATE OF DEATH

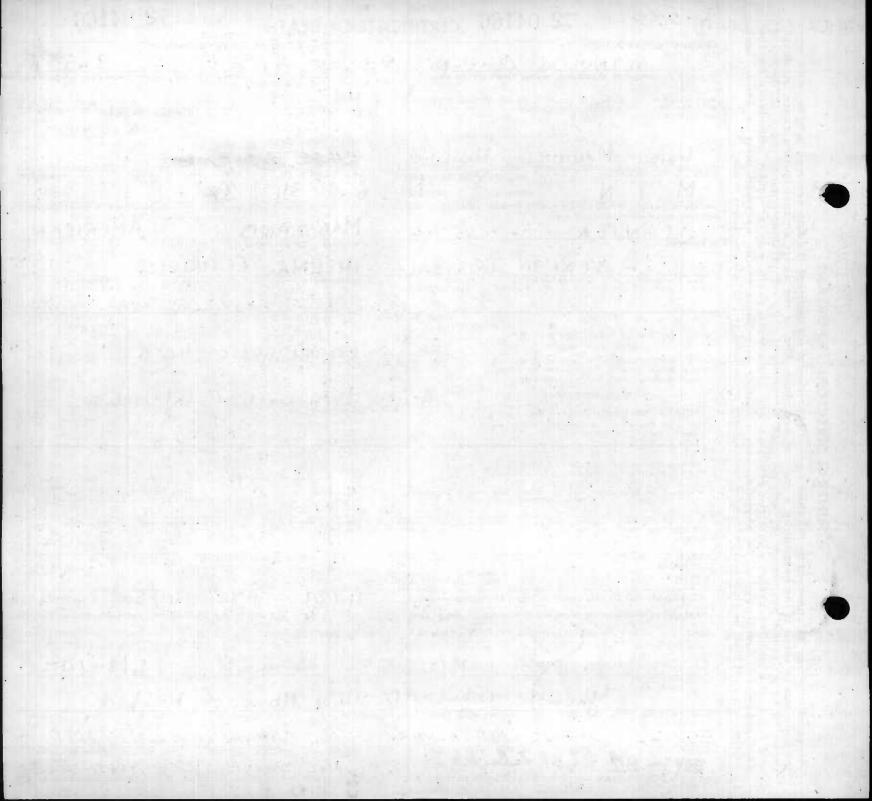
		1710	0.41	CE
REG.	NO	6 Page	04.1	1

-	PLACE IN BA	TONES,		VIRGINIA	4. USUAL R	ESIDENCE INF	nere deceased lived. I	30 PM	residenco before ac
FIR	JLL NAME OF OSPITAL OR STITUTION	(IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTITU	ITION, GIVE STREET	C. CITY OR 1	ARYLAND OWN	D. I	NSIDE CITY	
2	JOHNS	HOPKINS HOSE	ITAL		BAL/ E. STREET A	PTMORE NUMBER	E PRESTON	YES TREET] NO []
5.	SEX	6. RACE	7- MARRIED	NEVER MARRIED	8. DATE OF			T II Und	er 1 Yr. If Under
	FEMALE	NEGRO	WIDOWED	DIVORCED	07/1		9. AGE (In years last hirthday)	Months	Doys Hours
do	USUAL OCC	UPATION (Give kind of work working life, even if retired)	108 KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLA	CE (State or lo	reign country)	12, CIT	IZEN OF WHAT C
		AMMAN, ETHORN				ENNIS, N			
15. (Ye	Was Deceased s, no or unknown	Ever in U. S. Armed Fen it lif yes, give war or date	es? s of service)	16. SOCIAL SECURITY NO. 212 32 1088	MRS S		NUTTER 1	017 E	PRESTO
ATION	other signification	OR CONDITIONS, if a bove cause (A) G CONDITION last. II FICANT CONDITIONS COITH BUT NOT RELATED TO THE CONDITION GIVEN IN PART	stating the	(c) Diad	utu n	elli tu	DKA		***************************************
1 4		OPERATION 1198 CON	STION FOR W	HICH OPERATION	20A. AUTO	PST? (Yes or N	IN CERTIFYING	RE FINDINGS	CONSIDERED DEATH?
ERTIFICA	19A. DATE OF								
CERTIFIC	21A. ACCIDE	WAS PERF		PLACE OF INJURY (e.g., Ir	or about 21 C.	WHERE DID	(If in Boltin	nore City, giv	re exoct lacotion)
MEDICAL CERTIFICA	21A. ACCIDE	NT WAS UNDERLYING UTING CAUSE OF	218, I home elc.)	INJURY OCCURRED At The Not White	21F.		(If In Boltin	nore City, glv	re exact location)
CERTIFIC	21A. ACCIDE OR CONTRIBUTE OR CONTRIBUTE OF INJURY (APPROX.) 22. 1 certify that (i) (we) and haur an	NT WAS UNDERLYING UTING CAUSE OF medical examiner) (Month) (Day) (Year) That (1) (this hospital) last saw the decease of from the causes state	218, home etc.) (Hour 215, Whit work) attended the	INJURY OCCURRED Al Work deceased fram	216.	HOW DID IN	JURY OCCUR? 19to hat in (my) (aur) c	opinion dea	19_ th occurred an t
CERTIFIC	21A. ACCIDE OR CONTRIBUTION OF INJURY (APPROX.) 22. 1 certify that (i) (we) and haur and 23A. SIGNATURY (APPROX.)	NT WAS UNDERLYING UTING CAUSE OF medicol examiner (Month) (Day) (Year) that (1) (this hospital) last saw the decease of from the causes state.	218, home etc.) (Hour 215, Whit work) attended the	INJURY OCCURRED At Work deceased fram (We) (did) (did nat) v	21F.	HOW DID IN	JURY OCCUR? 19to hat in (my) (aur) c	ppinion dea	19
MEDICAL CERTIFIC	21A. ACCIDE OR CONTRIBUTE OR CONTRIBUTE OF INJURY (APPROX.) 22. 1 certify that (i) (we) and haur an	NT WAS UNDERLYING UTING CAUSE OF medicol examiner? (Month) (Day) (Year) that (1) (this hospital) last saw the decease of fram the causes state JRE JRE JRE JRE JRE JRE JRE JR	218. home etc.) (Hour 218. Whit Work) attended the dalive an adaptive at a above. (1)	INJURY OCCURRED At Work deceased fram (We) (did) (did nat) v	21f.	and trafter death. Med. Director	JURY OCCUR? 19to hat In (my) (aur) c Shoff Phys. Hog	ppinion dea	th occurred an testigned



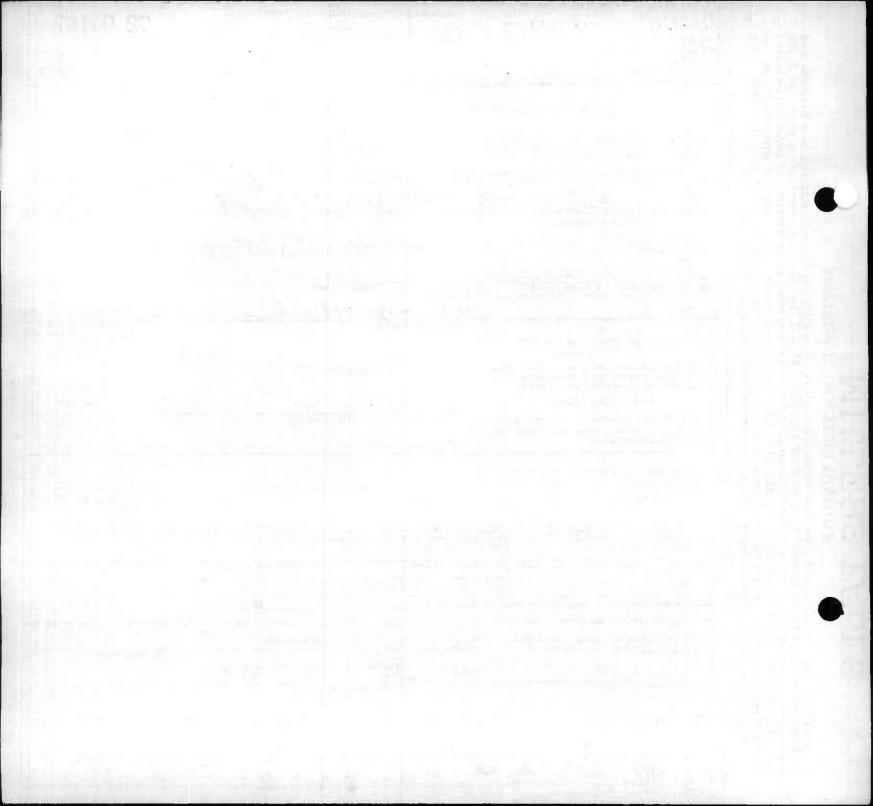
P 542 0000	BALTIMORE CITY	HEALTH DEPARTMENT	10	20 01100
72 04	166 CERTIFICA	TE OF DEATH	REG. NO.	2 04166
BIRTH NO.			HOUR OF DEATH	
(Type or Print) REYNOLDS	CLARENCE N		30/1972	1915
3. PLACE IN BALTIMORE, MARYLAND, WHERE	PRONOUNCED DEAD	4. USUAL RESIDENCE (Where	deceased lived. If ins	stitution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR HOSPITAL OR ADDRESS OR LOCATION)	INSTITUTION, GIVE STREET	A. STATE 8. COUNTY		1203
INSTITUTION		Boltimore	D. INSIL	DE CITY LIMITS?
		E. STREET AND NUMBER		YES X NO .
	lobylad Ja	2402 BREI		AVE
M N WID	ARRIED NEVER MARRIED DIVORCED DIVORCED	6-6-34	AGE (In years birthdox)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, K	IND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	country)	12. CITIZEN OF WHAT COUNTRY?
	OPPERS CO	MARYLAND		AMERICAN
13. FATHER'S NAME	.,,,,,	14. MOTHER'S MAIDEN NAME	2	THE CHIEF
VICIONIANI	TRISDALE	FILL SAA	OCVAIN !	~ c
15. Wos Deceosed Ever in U. S. Armed Forces?	16. SOCIAL	17. INFORMANT	reyno li	ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of s	SECURITY NO.	- 7		
	215-30-449	O FRANCES KE	YNOLDS	2402 BRENTWOO
18. 4 / 0 / 1 DISEASE OF CONDITION DIRECTL	CAUSE OF DEAT	H		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
LEADING TO DEATH		" Candiana	in alum	016
(This does not mean the made of dying	(A) IMMEDIATE CAL	A CONSEQUENCE OF:	are Cimo	
heorl failure, asthenio, etc. It means the dinjury ar camplication which coused death				
ANTECEDENT CAUSES	No. t.	Misson	1.0 1.1	11.
DISEASES OR CONDITIONS, if any,	giving DUE TO OR AS	A CONSEQUENCE OF:	rock IN	value.
rise la lhe abave cause (A) slalin	9171119		N	
UNDERLYING CONDITION lost.	(c)		~~~~~~~~~~~~~~~~~~	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO THE TERM				
DISEASE OR CONDITION GIVEN IN PART 1 (A)		20A AUTOROVO /V Noll	200 15 455 14555	
WAS PERFORME		20 A. AUTOPSY? (Yes or No)	IN CERTIFYING CAU	INDINGS CONSIDERED
U 21A. ACCIDENT WAS UNDERLYING	218 81 4 65 05 151111894			
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., i home, form, factory, street, o etc.)	fice bldg., INJURY OCCUR?	(If in Boltimore	City, give exoct location)
21D. TIME (Month) (Doy) (Year) (Hou	1) 21 E. INJURY OCCURRED	21 F. HOW DID INJUR	Y OCCUR?	
(APPROX.)	While At Not While Work At Work			
22			Mo II	130 1942.
22. I certify that (I) (this hospital) atte	110		72 10 4	
that (I) (we) last saw the deceased ali			In(my) (aur) opin	lan death occurred an the date
and have and from the carses stated ab		iew the body after deoth.		
23A. SIGNATURE				23B. DATE SIGNED
Sale	M.D DEGREE Phy	nding Med. Sin	off S	4/30/9772
23C.PHYSICIAN'S	DEGREE!	23D. ADDRESS	7	41301976
NAME (Type) Sholdow	Mehad M.D	Win Nous	11 20 11	0=1.11
24A, BURIAL CREMATION, 12 DATE	DEGREE 24C. NAME of CEMETERY OF CR	DUMSTI NOMO	ATION 1000	2) Mer.
REMOVAL (Specify)			O a (City	y, town, or caunty) (State)
TSURIAL 5-4-72	MIT CALVARY	CENI ANN	EHRUNDE	LCTY, MD.
MAY 1 - 172 Pale & S	AME OF REGISTRAR	WMC MARC	14 928 1	ENORTH AVE
VS 150-REV, 1/1/68	7 2 11 11	13		

0



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

M	BALTIMORE CITY	HEALTH DEPARTMENT		NO DILLOS
BIRTH NO. 72 0416	7 CERTIFICA	TE OF DEATH	REG. NO.	72 04167
1. NAME OF DECEASED (Type or Print): LENA F. MALO	NE	2. DATE AND	HOUR OF DEATH	1 30
3. PLACE IN BALTIMORE, MARYLAND, WHERE PI	ONOUNCED DEAD	4. USUAL RESIDENCE (Where	deceased lived. If institu	ution: residence before admission
FULL NAME OF IF NOT IN HOSPITAL OR I ADDRESS OR LOCATIONI	NSTITUTION, GIVE STREET	Md. BA	LTO City	CITY LIMITS?
HBON SCROVES HOS	PITAL	BALTO		NO T
HOSPITAL OR ADDRESS OR LOCATION INSTITUTION Secoves Hos 2025 W F-Ayette	54	E. STREET AND NUMBER	ah 5+.	
	RIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH	ACE II	Under 1 Yr. If Under 24 Hrs.
IOA. USUAL OCCUPATION (Give kind of work 108, KIN		11/ BIRTHPLACE (State or foreign	country)	2. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired)		111 7/	,	U.S.
13. FATHER'S NAME		W. VIRGIN.		0,0.
John Broome		ilappiet	6.	
15. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	MICE	ADDRESS
(Yes, no or unknown) (III yes, give wor or dates of sen	SECURITY NO.	Fother 11.1	1/1.1	
118. 24 - 3 / 91	CAUSE OF DEATH	LOINER NUL	L (a Augh):	3531 Gough St.
DISEASE OR CONDITION DIRECTLY		,	^ 0	BETWEEN ONSET AND DEATH
LEADING TO DEATH	(A)IMMEDIATE CAU	SE Respiratan	fochus	wie.
This does not mean the mode of dying, heart failure, asthenia, etc. If means the dis	C.G. DHE TO OP AS	A CONSEQUENCE OF:		1
injury or complication which caused death.)	0			wkn
ANTECEDENT CAUSES	(6)	unonia		Maybe 4.
DISEASES OR CONDITIONS, if any, gise to the obove cause (A) stating UNDERLYING CONDITION last.	the	A CONSEQUENCE OF:		won the
_ 11	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED	NAL	***************************************		
19A DATE OF OPERATION 19& CONDITION WAS PERFORMED	FOR WHICH OPERATION	20A. AUTOPSYT (Yes or No)	208, IF TES, WERE FINE	DINGS CONSIDERED
OR CONTRIBUTING CAUSE OF DEATH Inotify medical examiner)	218 PLACE OF INJURT (e.g., in home, form, foctory, street, off etc.)	or obout 21 C. WHERE DID	(If In Beltimore Ci	ty, give exact location)
21D.TIME (Month) (Doyl (Yearl (Hour) OF INJURY (APPROX.)	215 INJURT OCCURRED While At Not While Work Not Work	21F. HOW DID INJUR	T OCCUR?	
22. I certify that (I)((this hospital) attend		3 - 26 10	71_10	1-24 1994
that (I) (we) lost saw the deceased alive				deoth accurred on the date
and haur and from the couses stated above	re. (1) (We) (did) (did not) vi	lew the body ofter deoth.		
23A. SIGNATURE			23 (R DATE SIGNED
Band N	DEGREE Phys		off Bys.	4- 29-72
23C. PHYSICIAN'S NAME (Typel BAND FT)	Hn 2	Box Secure 1	To a not tel	
24A. BURIAL CREMATION, 24B. DATE 24	C.NAME of CEMETERY of CRE		,	own, or county) (Stote)
Burial 5/3/1/	Fort Ashby C	em Fo	r+ Ashi	2 W. 1/2
25A. DATE REC'D BY HEALTH DEPT. 125B. NA	ME OF REGISTRAR	25C FUNERAL DIRECTOR	~	ADDRESS
NAY - SIZ UCOCCO CO		JAG SING US	anners 20	63 S Con King



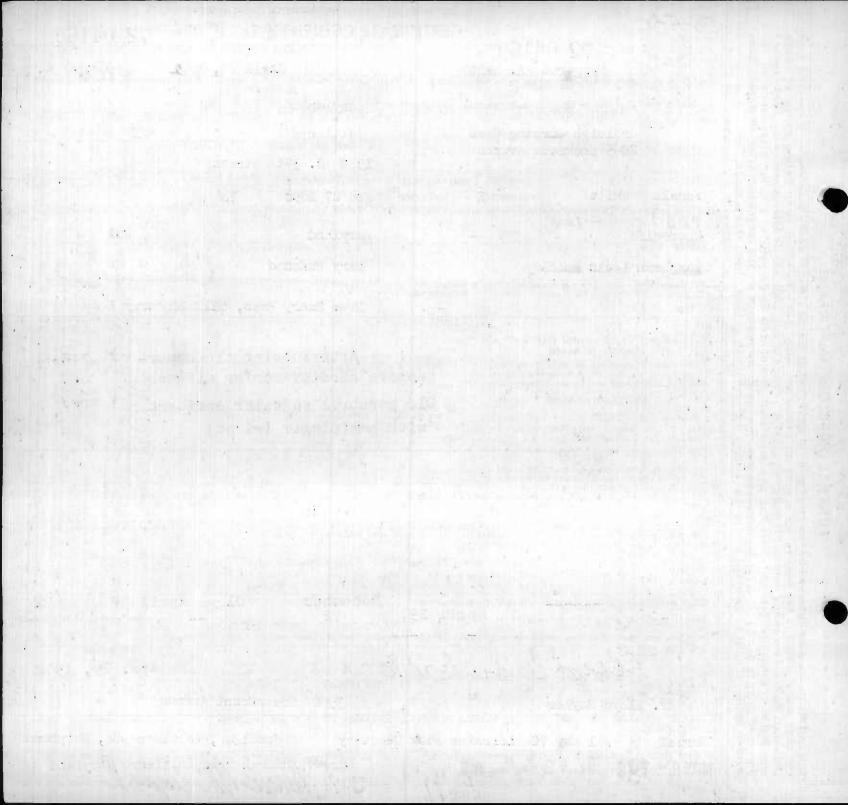
hospital and iuse of death Such 0 death. ance rect or contributing cause (4) Undetermined cause; (5) attend 0 prior regular POE deceased disposition is 2 death Was the assistant if death 20 or final attendance fracture of any pronounced embalmed regular the chief medical examiner who GLO 3 = physician before the remains Was medical burns; (6) No physician (2) Body the 0 (except where to the hospital any nature; obtained approved and death); 99 of a hospital was released must accident 40 approval prior 40 An was D.O.A. bespesed the body written shows:

BALTIMORE CITY HEALTH DEPARTMENT 72 04168 REG. NO. CERTIFICATE OF DEATH BIRTH NO I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) (320 AM. 4. USUAL RESIDENCE | Where occased lived. Il institution: residence 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD before admission) IIF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) FULL NAME OF HOSPITAL OR C. CITY OR TOWN D. INSIDE CITY LIMITS? YES MARYLAND GEN. HOSPY NO NUMBER MORE Baltimone, 5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE Un years If Under 1 Yr. Manths! Days If Under 24 Hrs. Hours lost birthday WIDOWED DIVORCED ICA, USUAL OCCUPATION (Give kind of work TOP KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE STOLE 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) A 13. FATHER'S NAME 4. MOTHER'S MAIDEN NAME 15. Was Deceased Ever in U. S. Armed Forces? (Yes, go or unknown) liff yes, give war or dotes of servicei 6. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. 5261 18. CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIATE CAUSE heur (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF: rise to the above cause (A) stating the UNDERLYING CONDITION lost CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A-AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or obout 21C, WHERE DID home, form, foctory, street, office bidg., INJURY OCCUR? (If In Baltimore City, give exact location) MEDICAL DEATH (notify medical examined 21D. TIME (Month) (Day) (Year) (Hous) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY Not While While At [APPROX.] At Work Work 22. I certify that (1) (this hospital) attended the deceased from 19 7 210 that (i) (we) last saw the deceased alive an and that in (my) (aur) apinion death accurred on the date and hour and from the causes stated above. (1) (We) (dis) (did not) view the body after death. 23A. SIGNATURE 23B. DATE SIGNED Attending [Med. Phys. Director DEGREE 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type) 24A. BURIAL CREMATION, LOCATION town, or county) (State) REMOVAL (Specily) Czthedru REC'D BY HEALTH DEPT. 258 NAME OF REGISTRAR 25C. FUNERAL DIRECTOR

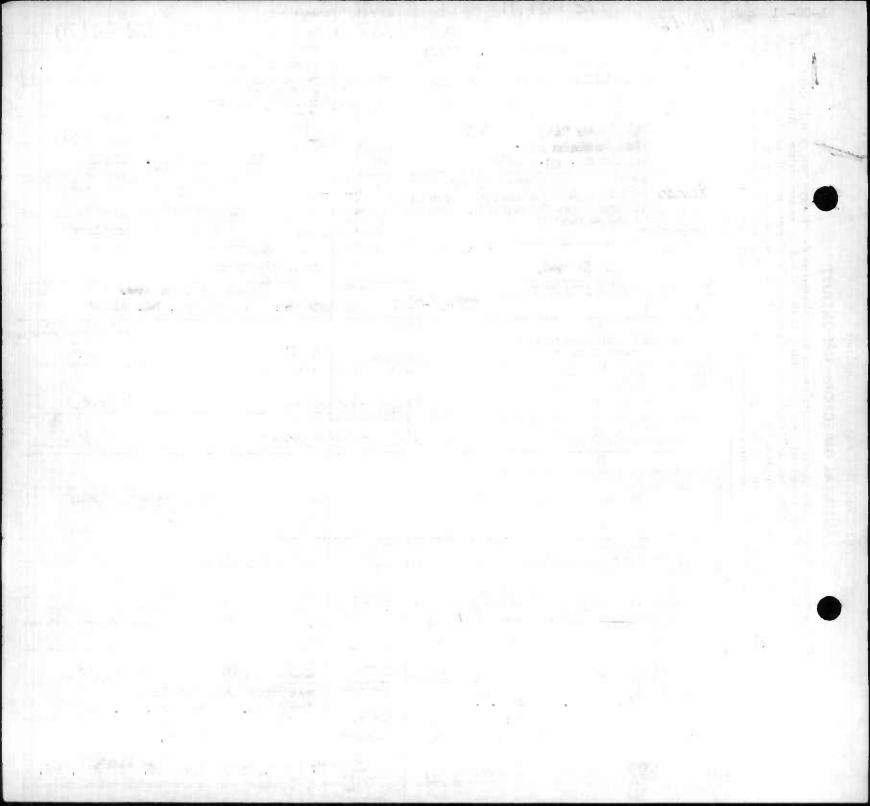
History Tolker Therena Bereau Broth Fire Land William Both Markette

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

0>	BALTIMORE CITY	HEALTH DEPARTMENT		
3530	CERTIFICA	TE OF DEATH	REG. NO	TO CALCO
BIRTH NO.			AND HOUR OF DEATH	16 04103
(Type or Print)	Smith		ril 27, 1972	
Margaret A. S. 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRON		4. USUAL RESIDENCE (VA. STATE 8. CO	here deceased lived. If	institutian: residence befare admission)
FULL NAME OF (IF NOT IN HOSPITAL OR INST HOSPITAL OR ADDRESS OR LOCATION)	TTUTION, GIVE STREET	Maryland c. City or town	D. IN	SIDE CITY LIMITS?
Ardleigh Nursing	Home	Baltimore		YES NO
2095 Rockrose Aver		E. STREET AND NUMBER	1	
		1320 W. 37th	Street	
5. SEX 6. RACE 7. MARRIE	D NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months! Doys Hours Min.
Female White WIDOWE		Feb 27 1898	74	
toA, USUAL OCCUPATION (Give kind of work 10B, KIND done during most af warking life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Maryland		USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	
Benjamin Louis Bradley		Mary McKenna	1	
IS. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (II yes, give wor or dates of service	1 6. SOCIAL	17. INFORMANT		ADDRESS
NO	SECURITY NO.	Mrs. Henry F	Reus, 6312 Ba	nherry Road
118. 44 / 2 2	CAUSE OF DEAT		icus, of the	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH				BETWEEN ONSET AND DEATH
(This daes nat meon the made of dying, e.	(A) IMMEDIATE CA	USE Arteriose ACONSEQUENCE OF:	Lerotic hy	per- 10 yrs.
heart failure, asthenia, etc. It means the diseas injury ar camplication which caused death.)	· tensi	ve cardiovas	cular dise	ase
ANTECEDENT CAUSES	014 4			5 rme
DISEASES OR CONDITIONS, if any, givin		erebral vasc	ular accid	ent 5 yrs.
rise to the above cause (A) stoting the	with	hemiplegia	(right)	
UNDERLYING CONDITION Iosi.	(c)			
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTION				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINA DISEASE OR CONDITION GIVEN IN PART 1 (A).			B+B+S+F++SS+6++80000000000000000000000000000000	
19A. DATE OF OPERATION 19B. CONDITION FO WAS PERFORMED	WHICH OPERATION	NO NO	No. 208. IF YES, WERE IN CERTIFYING C	FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTRIBUTING CAUSE OF	18. PLACE OF INJURY (e.g., ome, lorm, foctory, street, otc.)	in or obout 21 C. WHERE DIE	(If in Soltim	ore City, give exact location)
Q 21 D. TIME (Month) (Dov) (Year) (Hour) 2	E. INJURY OCCURRED	21 F. HOW DID	INJURY OCCUR?	
	Vhile At Not Whi			
22. I certify that (I) (this hospital) attended		December	19 61 to A	oril 27 19.72.
that (I) (we) last saw the deceased alive ar				pinian death accurred an the date
				ornian dearn accurred an the date
and have and from the causes stated abave.	(I) (We) (did) (did not)	view the bady after dear	th.	23B, DATE SIGNED
237. 310117.01	On - man	ending Med.	Shaff	
23C. PHYSICIAN'S	ay Coldrey (V)	Director L	Phys.	Apr. 29, 1972
NAME (Type)	0	23D. ADDRESS	^	220
Dr. Lloyd Saylor	DEGREE		enmount Aven	
REMOVAL (Specify)	NAME of CEMETERY of CR			City, town, or county) (State)
	rraine Park Ce			timore Co, Maryhand
MAY 1 - 1972 Vale & Vale	OF REGISTRAR	Burgee June	eral Hole /Bai	ltimore Maryland
VS 150-REV. 1/1/68		3 By: HUA	WIN a	by the



	AME OF DECEASED Miller	therine R. Mi	ller		April 25, 1		9:	20	P
FU	PLACE IN BALTIMORE, MARYLAND,			A. USUAL RESIDEN A. STATE Maryland	E (Where deceased in County Baltimore	lived, II instituti	an: residence	before	admis sign
HO		MTAL OR INSTITUTION, CATION: Lty Hospitals		C. CITY OR TOWN		D. INSIDE C	ITY LIMITS?		
	21 4940 Eastern			Dundalk		YES		NO X	
-	Baltimore, M			E. STREET AND NO	2113 Seal	rles Rd.	2122	2	
	Female Caucasian	7- MARRIED NEW	DIVORCED	8. DATE OF BIRTH 4-28-04	9. AGE (In) last birthday)	67 Mai	Under 1 Ya nihs Days	If Und Hours	er 24 Hrs. Min.
don	USUAL OCCUPATION (Give kind of we during most of working life, even if reflect HOUSEWILE	ork 10B, KIND OF BUSIN	ESS OF INDUSTRY	Scotland	ta ar foreign cauntry)	12.	Scotl		COUNTRY
3. 1	FATHER'S NAME			14. MOTHER'S MAI	DEN NAME				
	James Kenn	edy		Susa	n Robertson				
Tes	Nas Deceased Ever in U.S. Armed ,no ar unknown) (If yas, give war or d	forces? oles of service) 16.50 SEC	CIAL CURITY NO. 170	17. INFORMANT		astern A			
	16. // // () 1		AUSE OF DEATH	BCH Recor	is: bditi	more, Md		XIMATE I	
	LEADING TO DEAT (This does not mean the mode heart failure, asthenia, etc. II mea injury or complication which caus ANTECEDENT CAUS DISEASES OR CONDITIONS, it is a the above cause (AUNDERLYING CONDITION last.	of dying, e.g., ns the disease, ed death.) ES f any, giving	n Klyp	SE MARION SEQUENCE OF A CONSEQUENCE OF CONSEQUENCE	Fi		3.	as yr	5
⋖ !	OTHER SIGNIFICANT CONDITIONS CONTROL TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION GIVEN IN PROPERTION 198- CONTROL TO THE CONTROL TO	THE TERMINAL ART 1 (A).	OPERATION	20A AUTOPSY? (V	es or No. 208, IF YE	ING CAUSES	NGS CONSI	DERED	*****
- 1	21A- ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	21B, PLACE home, farm, etc.)	OF INJURY le.g., in lactory, street, aff	ar about 21 C. WHER	E DID (H)	n Baltimare City,	, giva exact l	acation)	
3	21D-TIME (Manth) (Day) (Yea OF INJURY (APPROX.)	Haud 215 INJURY While At Work	OCCURRED Not While At Work	21F. HOW	DID INJURY OCCUR	?			
	22. I certify that (1) (this hospit that (1) (we) last sow the decea and hour and from the causes st	sed olive on	10A 4/2	ew the body after		our) opinion	deoth occu	rred on	the da
	23A. SIGNATURE	11	NAME	ding Med.	C. // Total	238.	DATE SIGNE	D	
	23C. PHISICIAN'S NAME (Type)	11-10	DEGREE Phys.	Directe	timore City	Hospita	4/25/	122	
	NAME (Type) Michael W.	Pozen M.D.	DECORE			ltimore,		1224	
	REMOVAL ISpecily)	24C, NAME el	CEMETERY or CRE	MATORY	24D. LOCATION		rn, or county)	(State)
_	urial 4/29/	/2 Dacred	Heart of	00343	Dale	110101	J		



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D.O.A.

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the body was released shows: (1) An accident

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written

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO. Howard S. Dorsey I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 26-72 30 a.m. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD A. STATE UF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION! Maryland Baltimore FULL NAME OF HOSPITAL OR C. CITY OR TOWN D. INSIDE CITY LIMITS? Essex NO O YES [E. STREET AND NUMBER tern Ayenue smove 21221 125 Riverside Road S. SEX 9. AGE (In years 6. RACE & DATE OF BIRTH Il Under 1 Yr. Months! Days If Under 24 Hrs. 7. MARRIED X NEVER MARRIED lost birthday Aug. 6. 1896 Causasian WIDOWED 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE ISlate or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even it refined) Sheet Metal Bethlehem Steel Co. Virginia U. S. A. 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Eastern Avenuess 15. Was Deceased Ever in U. S. Armed Forces 6 SOCIAL 7. INFORMANT (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. Baltimore, Maryland 21224 No 13-07-8536A BCH: RECORDS CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY homeumonia LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, DUE TO, OR AS A CONSEQUENCE OF: injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, If any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 20A. AUTOPSY? (Yes or No) 218 PLACE OF INJURY is.g., in or obout 21C. WHERE DID home, farm, factory, street, office bidge INJURY OCCUR? 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (If In Baltimore City, give exact location) MEDICAL DEATH (notily medical examined 21 D. TIME (Manthi (Day) (Year) (Hour 216 INJURY OCCURRED 21F. HOW DID INJURY OCCUR? Not While White Al [APPROX] Wark At Work 22. I certify that (I) (this hospital) attended the deceased from and that in (my) (pur) opinion death occurred on the date that (1) (we) last saw the deceased alive an. and hour and from the causes stated above. (i) (We) (did) (did not) view the body after death. 23A. SIGNATURE 23B. DATE SIGNED Attending Phys. Staff Phys. 6 Director L 23C.PHTSICIAN'S NAME Flateach G. Sane, M.D. 23D. ADDRESS Baltimore City Hospitals 4940 Eastern Avenue Baltimore, Maryland 21224 DEGREE 24A. BURIAL CREMATION, 248. DATE 24C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (State) REMOVAL (Specify) 4/29/72 Baltimore Oak Lawn Cometery 258. NAME OF REGISTRAR 25A. DATE REC'D LY HEALSTI DEPT. 25C. FUNERAL DIRECTOR John J. Duda, 7922 Wise Ave. Dundalk. Md. VS 150-REV. 1/1/68

W DOKSEY HOWARD STAM- I'M 4-26-72 820 Ballatine City Haspital X-1-di A Silver Live Black 6 Care on 8 and a relative

4-11	λ	72 0			MORE CITY HE						
DIPTUNE	0	MED	ICAL	EXAN	AINER'S C	CERTIFI	CATE O	F DEAT	H REG. NO	72	04172
1. NAME OF DEC		GEORGE	HUGH	ES		2. DATE OF DEATH	Knawn Estimated	Month	Day	Year	Hour M.
4. PLACE IN BAL	TIMORE, MA	RYLAND, V	HERE PR	ONOUNCE	D DEAD	3. DATE		Manth	Day	Yeor	Hour M.
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NO	SS OR LOCA	AL OR INST	IITUTION, GIV	VE STREET	5. USUAL F	ESIDENCE (Whe	5 ere deceased li		1972	5:55 a M. before odmission)
Mer	cy Hos	pital				A. STATE	Marylan	ıd	B. COUNTY		1703
6. SEX male	7. RACE	ro	8. MARR	promp.	ER MARRIED	e. CITY OF		imore	D. INSIDE C		
9. DATE OF BIRTI	neg	10. AGE (last birthda	yeors	If Under 1 Y	r. If Under 24 Hrs.		AND NUMBER		1	ES 🔼	NO L
11. BIRTHPLACE (S	odS State or foreign	n country)	76	12. CITIZEN WHAT C	N OF COUNTRY?	13. FATHER	2 Argyle	Ave.	,		
i 4A.USUAL OCCU done during most of w	PATION (Give	kind of work	148. KIND	U	5.14.	Y 15. MOTHE	R'S MAIDEN N	AME /	ghes		
16. WAS DECEAS	BO re	U.S. ARMET	FORCES	? 17. 50	DUSTRY	18. INFOR	argare	tte	Bar	bo co	cr
(Yes, no or unknown)	(If yes, give v	vor ar dotes	of service		CURITY NO.	Mar	V HINE	5 2	623 E	. Ric	ddle st
heart foilure injury or con AI DISEASES (RISE TO THE UNDERLYIN OTHER SIGN TO THE DEA	of meon the , osthenia, etc ,	CAUSES ONS, IF ANY USE (A) STA ON LAST. II ODITIONS C' RELATED TO	odiseose, oth.) (, GfVING THE		(8)	AS A CONSE	QUENCE OF:				
20A. DATE OF				FOR WHICH	OPERATION W	AS PERFOR!	MED			21. AUT	OPSY? (Yes or No) yes
22A. EXTER UNDERLYING UTING CA		TRfB-		22B. PLACE home, form,	OF INJURY(e.g., foctory, street, offic	in ar obout e bldg., etc.)	22C. WHERE DE	(If in Boftime	ore City, give e	coct location)	
22D. TIME OF INJURY (APPROX.)		loy) (Yeo	r) (Hou	WHILE AT WORK		WHILE VORK	22F. HOW DID I	NJURY OCC	UR?		
23.	ify that I h	eld an I	nquiry [Insp	ection Au	topsy X	and that on	this basis,	death in my	y apinian	
resul	ted fram: <u>N</u>	atural cau	ses 🗷	Acciden	nt Suici	de 🗌 H	amicide CHIEF MEDICA		ined manner		
ACTUAL SIGNATI		04	1 M	her	M.t).	ISTANT MEDICA	L EXAMINER			DATE SIGNED
EXAMIN NAME (1	ype)		.1 S.		, M.D.		OCIATE MEDICA				5-1-72
24A. BURIAL GREATERS (Special Special		48. DATE 5 - 4/- DEPT.	72 258 N	Ball Ame of Re	ME of CEMETERY GISTRAR	mete	FUNERAL DIRECT	Balton CTOR	(City, tov	ADDRESS	Jang Store
VC 151 05W 1/1//					33.0	7	18/2000	2/1-	200	Me	2 1,63/20

STREET, ST.

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	V 300 72 04173 BALTIMOR	RE CITY HEALTH DEPARTMENT
	(Lee Dong Nyt) CEDTIE	FICATE OF DEATH REG. NO. 72 04173
- 11	NAME OF DECEASED A	2. DATE AND HOUR OF DEATH
	Type or Print) AIM. YOU LE	L 4-26-72 19.50 P.
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE B. COUNTY
	FULL NAME OF REPORT OF THE PROPERTY OF THE PRO	DEDMD + OI
	Church Home Rospital	THE TOWN BALTO MD. D. INSIDE CITY LIMITS? YES TO THE TOWN BALTO MD. D. INSIDE CITY LIMITS?
1	100 N. 13+00 drugy 184.5-2	E. STREET AND NUMBER 323 N. EUTAW ST BALTO
	Baltimine MD 21231.	8226 Shelprooke of Millorsville
	6. RACE 7. MARRIED NEVER MARRIE	Months: Doys Hours Mine
1	OA. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INI	NICTOR III DISTILL
1	one during most of working life, even it retired!	12. CITIZEN OF WHAT COUNTRY
	3. FATHER'S NAME LEE HAUK TSIEN	14. MOTHER'S MAIDEN NAME
	HAMIL STITN LEE	HOM.
100	S. Wos Deceased Ever in U. S. Armed Forces? (es, no or unknown) (If yes, give wor or doles of service) SECURITY NO.	17. INFORMANT
	? Doubtful 218324	
	18. 16 0 1 1 2 50 19 CAUSE OF	DEATH () APROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	With Brown of Hotel From y Dasi
	This does not mean the mode of dying, e.g., heart foilure, osthenia, etc. It means the disease,	OR AS A CONSEQUENCE OF:
	injury or complication which coused death.)	
	ANTECEDENT CAUSES	
	mee to the opote coase Ivi significating	OR AS A CONSEQUENCE OF:
	UNDERLYING CONDITION last. (C)	
1000	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	- (C.V.)
1	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	For Diabetes Helling
Chairie	19A-DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
110	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY	(e.g., in or obout 21 C. WHERE DID (If In Boltimore City, give exect location)
	DEATH (notify medical examiner)	eet office bidg., INJURY OCCUR?
10244	OF INJURY A MONTH (Doy) (Yeor) (Hour) 21 E. INJURY OCCURRE	D MMC 21F. HOW DID INJURY OCCUR?
1	(APPROX.)	Work
	22. I certify that (I) (this hospital) attended the deceased from	19/2 to 4 - 9 6 19 79
	that (I) (we) last saw the deceased alive an 4 9 6	19 7 and that In (my) (aur) apinian death accurred on the date
	and haur and from the causes stated abave. (I) (We) (did) (did	
	1. James NOW	Attending Med. Staff Attending Phys. Staff Phys. Phys. Staff Phys. P
	23C. PHYSICIAM'S DEGREE	Phys. Director Phys. 2
	TH- FOURD NOUR	GEORGE CHUSON HANG HARBITANT
24	REMOVAL (Specify) 248. DATE 24C. NAME of CEMETERY	of CREMATORY 24D. LOCATION (City, town, or county) (Stotel
129	Burial 4/29/72 Lorraine Co	
	MAY 2 - 1000 17 HEALTH DEPT. 258. NAME OF REGISTRAR	2SC. FUNERAL DIRECTOR ADDRESS
I L	150-REV. 1/1/6B	SEEWART & MOWEN CO. 108 W. North Ave(1)

5-2-1972 - Correction form from Funeral Director.

HRS

AFTENER FRITT

TOTAL TOTAL TOTAL ALLE

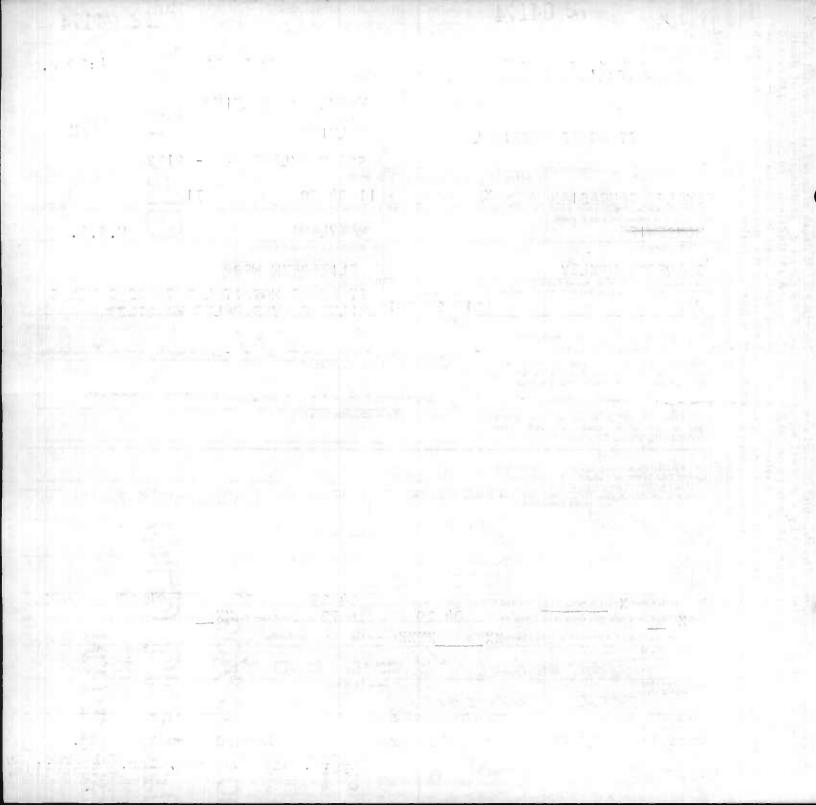
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231 W37/ 24//#

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and S shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in remiliar miner. was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

72 0417	BALTIMORE CIT	Y HEALTH DEPARTMENT		19153 (2) 4 4 191 4
D-400 BIRTH NO.	CERTIFICA	ATE OF DEATH	REG. NO	72 04174
I. NAME OF DECEASED		2. DATE AN	HOUR OF DEATH	-
OULEY. GERTRUD	F	04	29 72	4:20 P. M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO		A STATE & COUNT		nstitution: residence before edmission)
FULL NAME OF (IF NOT IN HOSPITAL OR IN	CHTHEON CIVE CIPECT	11.7	LTIMORE	5300
HOSMIAL OR ADDRESS OR LOCATION)	SHID HOW, CLAE STREET	C. CITY OR TOWN		IDE CITY LIMITS?
	a ma A I	BALTIMORE		YES NO X
ST AGNES HOSB	ITAL	E. STREET AND NUMBER		
10		526 MARYLANE) AVE - 2	1228
S. SEX 6. RACE 7. MARR	ED NEVER MARRIED	8. DATE OF BIRTH	ost birthday)	If Under 1 Ys. If Under 24 Hrs. Menths: Doys Heurs Min.
FEMALE CAUCASIAN WIDOW		11 04 00	7 1	Monins Doys Heurs With
OA, USUAL OCCUPATION (Give kind of work 108, KINE		0,00	n country)	12 CITIZEN OF WHAT COUNTRY?
lone during most of working life, even if refired)		MAD VI AND		11 6 4
HOUSEWIFE		MARYLAND	A.C.	U.S.A.
3. FATHER'S NAME				
CRAWFORD MOXLEY		ELIZABETH	WEBB	
. Wes Decaused Ever in U. S. Armed Forces? (es,no or unknown)[(If yes, give war or dates of servi	cel SECURITY NO.	17. INFORMANT		ADDRESS
NO	219 20 901			CORDS CATON &
118,74 10 914240	CAUSE OF DEA	P WILKENS AVE	RALIU M	ATPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY	17	Thrombosis &	7 main a	APPROXIMATE INTERVAL PROM - SETWEEN ONSET AND DEATH LETTE ARAIT Alocks
LEADING TO DEATH		ary artery	+ Comple	the seast black
This does not mean the mode of dying,	DUE TO, OR A	A CONSEQUENCE OF:		
heart failure, asthenia, etc. It means the dise	ase,			
ANTECEDENT CAUSES	anten	inscleratic Car	diovascala	n of sease
	(B) DHE TO OR A	S A CONSEQUENCE OF:		
DISEASES OR CONDITIONS, if any, gi	11113	S A GONGLEGERICE ON		
UNDERLYING CONDITION last,	(c)			
- 11				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMIN	NG Waket	es Mellitas.		
DISEASE OR CONDITION GIVEN IN PART 1 (A).		120A Alleranero (Verranella	OOD IP WER MIRES	ENIONICS CONSIDERED
194. DATE OF OPERATION 198. CONDITION F	OR WHICH OPERATION	20A. AUTOPSYT (Yes or No	IN CERTIFYING CA	FINDINGS CONSIDERED
WAS PERFORMED		1	116 4 - 10 - 141	- Charles and the standard
OR CONTRIBUTING CAUSE OF	home, form, factory, street,	office bldg. INJURY OCCUR	lit in Boltimo	re City, give exact location)
DEATH (notify medical examined	etcJ			
210-TIME (Month) (Doy) (Year) (Hous	21E INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
OF INJURY (APPROX.)	While At At Work	ile		
			972 to	04 29 19.72
22. I certify that 3() (this hospital) attend				
that (1) (we) lost saw the deceased alive			ot In (my) (our) op	Inton deoth accurred on the date
and hour and from the couses stated above	·e·X以(Me) (qiq))(4)(水)(view the bady after death.		
23A. SIGNATURE	44.0	SOMETIME TO SERVICE STATE OF THE SERVICE STATE OF T		238, DATE SIGNED
Estatan Hans		tending Med. Director	Shaff Phys.	7/29/72
23C. PHYSICIAN'S	OE GREE!	23D. ADDRESS	```	
NAME (Type)	ENTAN			
AN EURIAL CREMATION TOTAL DATE	OF NAME OF CEARLY BY OF C		OCATION (C	City, town, or county) (State)
24A. BURIAL CREMATION, 24B. DATE 24REMOVAL (Specify)	C. NAME OF CEMETERY OF C	REMATOR! 2404 LI	CAIION IC	
Burial 5/3/72	Good Shepper	rd He	oward Co	unty Md.
25A. DATE REC'D BY HEALTH, DEPT. 268. No.	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	Mahh Sons	Inc 301 restred.
MAY 2 - 19/2 Waste & No.	and the same	Eguis. Mac	Nabb Sons	, Inc. Catonsville
VS 150-REV. 1/1/68		U'0 1 5 7		Md.



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	M BALTIMORE CITY	HEALTH DEPARTMENT
	11-600 12 04175 CEPTIFICA	TE OF DEATH REG. NO. 72 04175
	I. NAME OF DECEASED	
	Type or Print JOSEPH F. MARCINEK	2. DATE AND HOUR OF DEATH H-30-72
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) A. STATE B. COUNTY
1	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	MARYIAND) 02
	HOSPITAL OR ADDRESS OR LOCATION	C. CITY OR TOWN D. INSIDE CITY LIMITS?
)	1709 BANKST.	BALTIMORE YES NO
	110/10/11/1/5/	E STREET AND NUMBER
	5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8	B. DATE OF BIRTH 9. AGE (In years II Under 1 Yr., If Under 24 Hrs.
	WIDOWED DIVORCED	12-9-1902 9. AGE (In years II Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 1 done during most of working life, even if retired)	1. BIRTHPLACE (Stole of foreign country) 12. CITIZEN OF WHAT COUNTRY?
	BALTO GITY FIRE DEPT	MARVLAND 115A
	136 PATHER'S NAME	M MOTHER'S MAIDENNAME
	JACOB MARCINEK	MARY MARSZAKIEWICZ
	15. Was Deceased Ever in 1/2 SI Armed Forces? (Yes, no or unknown) (If yes, give wer or dotes of service) 16. SOCIAL SECURITY NO.	7. INFORMANY ADDRESS
	YES WW 11 216 36 5004	ANNA BUDZVNSKI 2321 ESSEX ST.
	18. CAUSE OF DEATH	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	and a told of
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	CONSEQUENCE OF:
	injury or complication which caused death.)	
	ANTECEDENT CAUSES	
		CONSEQUENCE OF:
	UNDERLYING CONDITION last. (C)	20000000000000000000000000000000000000
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
A	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A), 19A. PATE OF OPERATION WAS PERFORMED WAS PERFORMED	20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED
4	U ZIA, ACCIDENT WAS UNDERLYING TO THE PLACE OF INTERVALED TO	IN CERTIFYING CAUSES OF DEATH?
	OR CONTRIBUTING CAUSE OF home, form, factory, street, offic	e bldg, INJURY OCCUR? (If In Boltimore City, give exact location)
	Q 21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
	(APPROX)	
	22. I certify that (1) (this hospital) attended the deceased from	2/10/ 1027 1/ /2
	that (I) (we) last sow the deceased office an 7/2	19 22 and that in(my) (aur) opinion death accurred on the date
	and hour and from the couses stated abave. (i) (W6) (did) (did nat) vie	amamamamana indi in/my/ (doi/ opinion death decrited on the 40th
	23A. SIGNATURE	23 B. DATE SIGNED
	Attending Phys.	ing Med. Staff Phys. D
		D. ADDRESS
	24A BURIAL CREMATION 124B DATE	836 Path AVE. 1308/21201 MD.
	24A. BURIAL CREMATION, 24B. DATE 24C, NAME OF CREMETERY OF CREM.	ATORY 24D. LOCATION (City, lown, or county) (Stote)
	BURIAL G-4-72 ST, STANISLAD	5 DUNDALK MARYLAND
11	MAY 2 - 1972 Policie & Fallon Ac 2 0 0	25C. FUNERAL DIRECTOR ADDRESS
IF	/5 150-REV, 1/1/68	WHAT IT WEBENGSONSINC 401 S. CHESTER ST.

require the angle of the control of

	1.4	72	04	11	7	6
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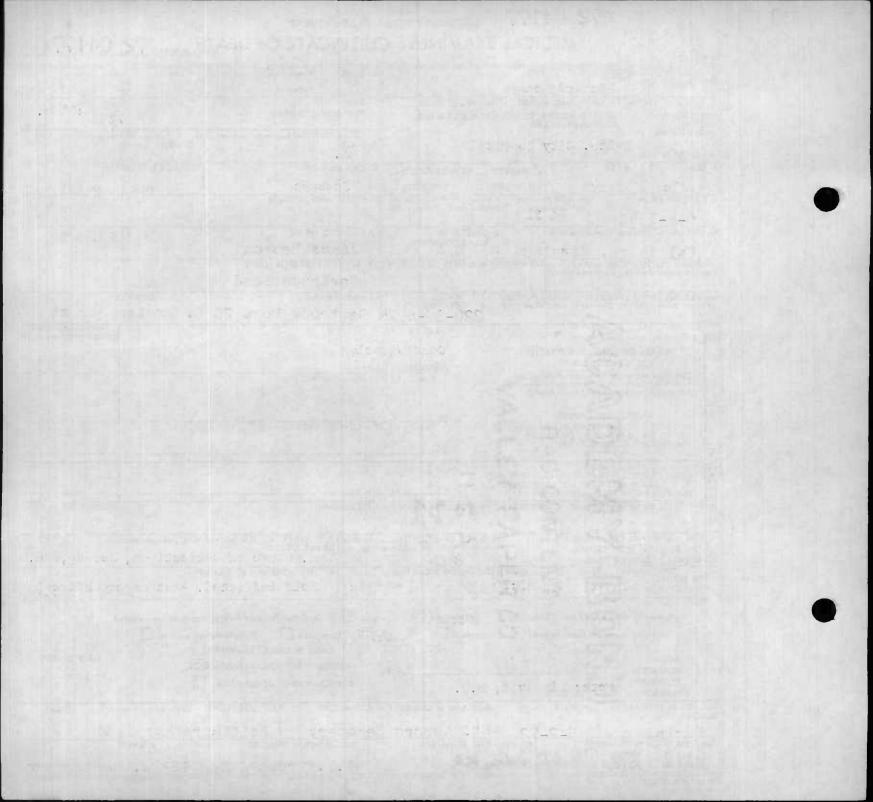
	70	DAI	1-16
	16	041	16
G. NO.			

5-420 72 0417	\wedge	TE OF DEATH	REG. NO	12 U9116
I, NAME OF DECEASED			ND HOUR OF DEATH	
(Type or Print) JOHN SULEWS			APRIL 29/7.	2 5:25 P M.
3. PLACE IN BALTIMORE MARYLAND, WHERE PRO	NOUN CED DEAD	A. STATE B. COU	ere deceased lived."It ins NTY	titution: residence before odmission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)	TITUTION, GIVE STREET	C. CITY OR TOWN	lo taleig	201
A.	inter A	Baltimore	D. INSIL	YES NO NO
Church Home & Ho	spiral	E. STREET AND NUMBER	P	
	A	7014 E. 1	Keste SI.	21231
6. RACE 7. MARRI	NEVER MARRIED DIVORCED	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. II Under 24 Hrs. Months: Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND		11. BIRTHPLACE (Stote or los	eign country)	12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even it refired)		Poland		U.S.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
Heron sulewake		SAL	AMEO -	Provide target
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service	e) 16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
NO	718323594	anne sule	wor	June
DISEASE OR CONDITION DIRECTLY	CAUSE OF DEAT	1		BETWEEN ONSET AND DEATH
LEADING TO DEATH	(A) IMMEDIATE CAU	SE Cubronare	ula acerde	27 11 days
(This does not mean the mode of dying, e heart failure, asthenia, etc. It means the disea	OL DUE TO OB AC	A CONSEQUENCE OF:		
injury or complication which coused death.) ANTECEDENT CAUSES	Aso	ip,		undeknud
DISEASES OR CONDITIONS, il ony, givi	(B)	A CONSEQUENCE OF:		00000000000000000000000000000000000000
rise to the obove cause (A) stating the UNDERLYING CONDITION lost.		nyescardia	i infaction	4 grs.
11	(9/2000000000000000000000000000000000000	7		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINA	G AL			
Olisease or condition given in part 1 (a).		20A. AUTOPSY? (Yes or N	o) 208. IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?
WAS PERFORMED			IN CERTIFYING CAU	SES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examined	21& PLACE OF INJURY (e.g., in home, form, loctory, street, of etc.)	or obout 21 C. WHERE DID fice bldg., INJURY OCCUR?	(II In Boltimore	City, give exact location)
OF INJURY	21E INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
I (APPROV)	While At Not While Work At Work			
22. I certify that (1) (this hospital) attende	d the deceased from A	Jul 18	19 72 10 agri	1 29 19 /2
that (1) (we) last saw the deceased alive a		/		ian death accurred an the date
and haur and fram the causes stated abave	. (1) (We) (did) (did nat) v	lew the bady after death.		23B. DATE SIGNED
Servina P. Indo	elso M.D. Atte	nding Med.	Shoff C	CC/14/72
23C.PHYSICIAN'S NAME (Type)	DEGREE	Director L	Phys.	7/0//12
GENNA P. INDE	LOS REP.	Church As	ne & No	spetal
24A. BURIAL CREMATION, 24B. DATE 24C	NAME of CEMETERY OF CRE	MATORY 24D.	LOCATION (City	town, or county) (State)
BURIAL 5-3-72 1	HOLY ROSARY	CEM DO	INDALK I	MARYLAND
25A. BATE REC'D BY HEALTH DEPT. 25B. NAM		25C. FUNERAL DIRECTO	R. C.	INI AUDRESS'
VS 150-REV, 1/1/68		JUNION WEB	THEODYS INC	70/5/4/145/2/3)

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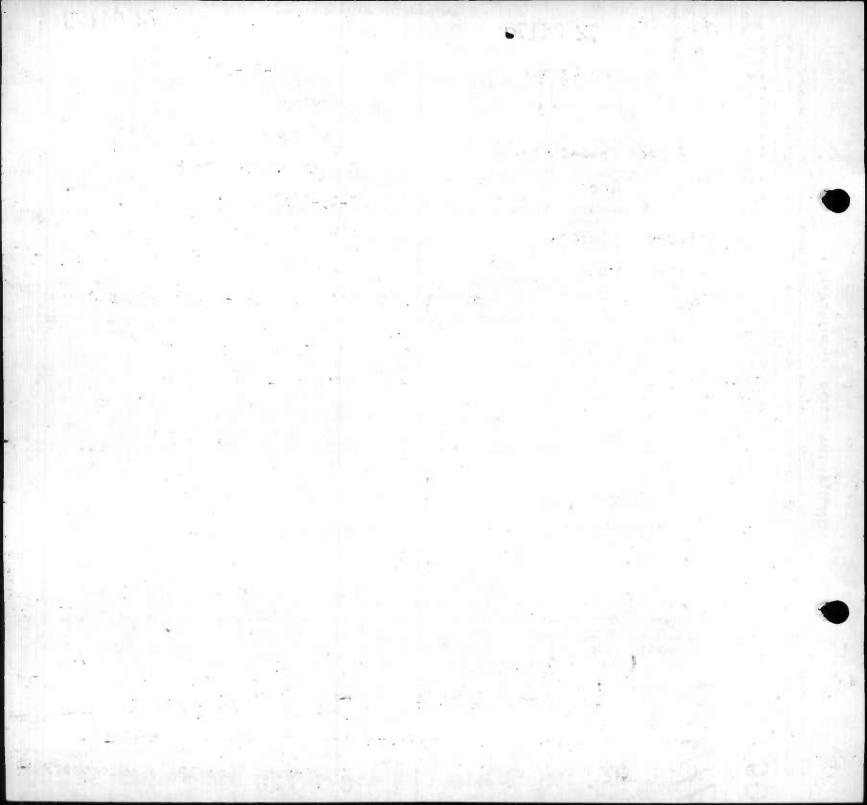
	EALTH DEPARTMENT CERTIFICATE OF DEATH REG. NO. 72	03477
BIRTH NO.	CERTIFICATE OF DEATH REG. NO.	09177
I. NAME OF DECEASED (Type or Print)	2. DATE Known AX Manth Day Y	ear Hour
Richard Henson	OF DEATH Estimoted 4 28 72	2 M
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	DROMOUNICED DEAD	6:30 a.
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) OR INSTITUTION	4 28	12 · N
Balto. City Hospital	5. USUAL RESIDENCE (Where deceased lived, If institution; resid A. STATE B. COUNTY Md.	6300
6. SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIM	IITS?
male Negro WIDOWED DIVORCED	Jessups YES 🗌	NO 🗆
6-4-1941 lost birthdox 31 30 Months Doys Hours Min.	E. STREET AND NUMBER	
II. BIRTHPLACE(State or loreign country) 12. CITIZEN OF WHAT.COUNTRY?	13. FATHER'S NAME	
Baltimore, Maryland U.S.A	James Henson	
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTR done during most of working life, even il retired)		
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 117. SOCIAL	Gertrude Bond	
(Yes, no or unknown)((I yes, give wor or dates of service) SECURITY NO.	IB. INFORMANT ADDRES	
220-38-697	4 Gertrude Bond 26 S. Exeter	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY CONFIG		BETWEEN ONSET AND DEAT
LEADING TO DEATH		
	AS A CONSEQUENCE OF:	***************************************
UNDERLYING CONDITION LAST.	AS A CONSEQUENCE OF:	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W.		
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W.	AS PERFORMED 21. A	UTOPSY? (Yes or No)
22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY (e.g.,	in or obout 22C, WHERE DID (II in Baltimore City, give exact locative bidg., etc.) INJURY OCCUR?	
UTING LI CAUSE OF DEATH. CELL	Md. House of Corrections,	Jessup, Md.
OF INJURY (APPROX.) 4 21 72 3:30 WHILE AT NOT NOT AT WORK	22F. HOW DID INJURY OCCUR? Self inflictedset paper	ers afire in
23. 1 certify that I held on Inquiry Inspection Au	de Homicide Undetermined manner CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER	DATE SIGNED
EXAMINER'S Peter Lipkovic, M.D.	ASSOCIATE MEDICAL EXAMINER	4/28/72
24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY	(5.1)	unty) (State)
Burial 5-2-72 Mt. Auburn		and
25A. DATE REC'D BY HEALTH DEPT. MAY 2 - 1972 Robert & Walker K. &	I.L. Brown & Son 123 W.	
VS 151 PGV 3/1/68	TOWN OUT IZ) W.	TOTT OF OWETA

VS 151-REV. 1/1/68

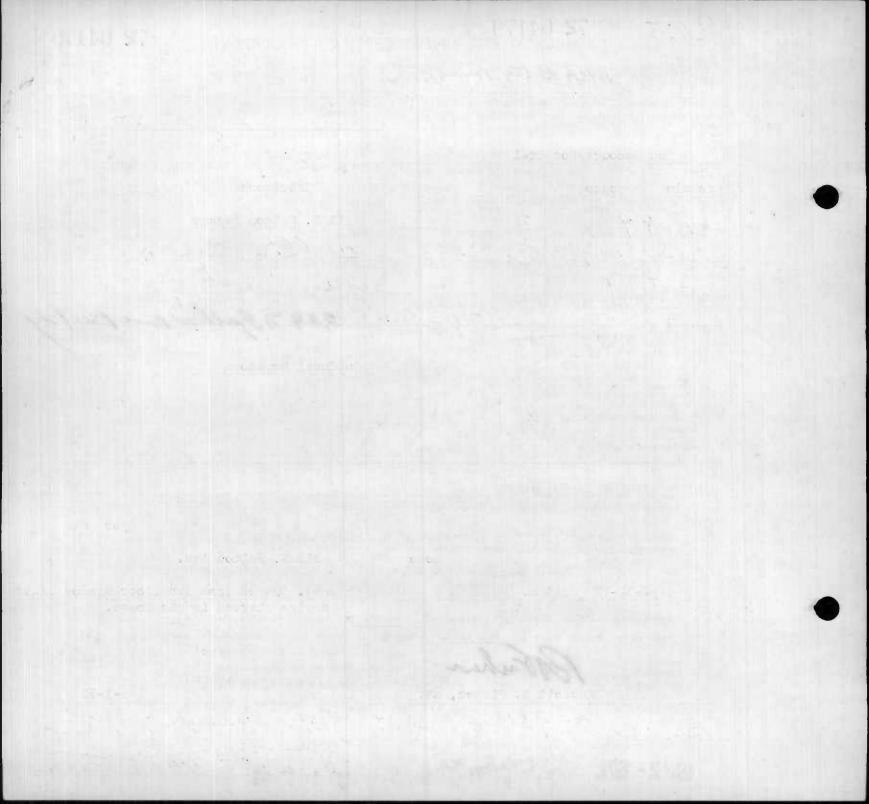


	1
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

6	2			BALTIMORE CITY	HEALTH DEPARTMENT		79 0417	0
)-62(H NO.		2 04179	CERTIFICA	TE OF DEATH	REG. NO	72 0417	8
	AME OF DECI	EASED	7977			HOUR OF DEATH		
	Jo	ohnson	Brooks			9-72		M.
	L NAME OF		LAND, WHERE PRO	STITUTION, GIVE STREET	A. STATE B. COUNT Maryland		istitution: residence before	ore odmission)
HO:	SPITAL OR	ADDRESS	OR LOCATION)	SHIOHON, GIVE SIREE!	C. CITY OR TOWN	D. INS	IDE CITY LIMITS?	
0	6 Wes	st Oste	end Stree	t	Baltimore E. STREET AND NUMBER	2 04 4	YES X NO	
_		r			6 West Oste	nd Street		
5. SI	M	Black	7- MARR	=	3-15-1886	ost birthdoyl	Months Doys Hou	Under 24 Hrs. Prs Min.
		PATION (Give working lile, ever		OF BUSINESS OR INDUSTRY	11. BTRTHPLACE (Stote or foreig	in country)	12. CITIZEN OF WH	AT COUNTRY?
		Coal :			Virginia		USA	
13. F	ATHER'S NAM	AE .	2020		14. MOTHER'S MAIDEN NAM	\E		
	Payton	Brook	S		Mealia ?			
(Yes,	Vas Deceosed , no or unknown) Yes	ever in U. S. (If yes, give v	Armed Forces? vor or dotes of servi	218 01 3587	Mildred Moo	n 6 West	Ostend St	reet
	18. / /	9.21		CAUSE OF DEATH	1	1 .		ATE INTERVAL
	DISEAS	E OR COND	ITION DIRECTLY	() 112	in polentice	VD-K	BETWEEN ON	SET AND DEATH
		LEADING TO	DEATH	(A) IMMEDIATE CAU	ISE	7 - 10		
			mode of dying, It means the dise	e.g., DUE TO. OR AST	A CONSEQUENCE OF:			
			h coused death.)	1	Islese			
		ANTECEDENT	CAUSES	40)				
	DISEASES O	R CONDITIO	NS, if ony, gi	ving DUE TO, OR AS	A CONSEQUENCE OF:			
		obove ca	use (A) stating	(C)				
-		- 11		(-),				
NOIT	TO THE DEAT	H BUT NOT REL	IONS CONTRIBUTE					****
			198 CONDITION F WAS PERFORMED	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERI USES OF DEATH?	ED
CAL	OR CONTRIBU	NT WAS UNDI	SE OF	218 PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	n or obout 21C. WHERE DID fice bldg., INJURY OCCUR?	(If in Boltimo	re City, give exact locati	ion)
MEDI	21 D. TIME OF INJURY	(Month) (Do	y) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?		
>	(APPROX.)			While At Not While Work At Work	e 🔲 .		1/0/1	1.0
				ed the deceased from	(61 10	1134	119
				on		it in (my) (our) api	miah death occurred	d on the date
			uses stated abov	e. (1) (We) (did) (dld not) v	lew the bady ofter deoth.			
	23A. SIGNATU		dan	AHE Phys	Med. Director	Staff Phys.	23B. PATE SIGNED	21
	23C. PHYSICIA NAME (T		UGA.		23D. ADDRESS	33 fen	ina ave	
24A.	REMOVAL (S	MATION, 24B.	DATE 24	C. NAME of CEMETERY OF CRE	CONTRACTOR OF THE PARTY OF THE		ity, town, or county)	(Stote)
	Burial	5		Mt. Auburn Ce		altimore		
25A.	MAY 2 -	BY HEALTH C	Page 2 3		L Brown	& Son 123	W Montgon	
VS 1	50-REV. 1/1/4	R	The state of the s		3			



P-625 72 04179 BALTIMORE CITY HE MEDICAL EXAMINER'S		72 04179
BIRTH NO.	CERTIFICATE OF DEATI	REG. NO.
1. NAME OF DECEASED A // A Betty Man BETTY MAY PEIRSON	2. DATE Knawn Month OF DEATH Estimated	Doy Year Haur
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Manth	Day Year Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	PRONOUNCED DEAD 4	30 1972 10:25a M
OR INSTITUTION	S. USUAL RESIDENCE (Where deceased live A. STATE	d. If institution; residence before admission)
Bon Secours Hospital	Maryland	1901
6. SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN	D. INSIDE CITY LIMITS?
female negro widowed Divorced	Baltimore	YES X NO
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. Manths Days Haurs Min.	E. STREET AND NUMBER	
6,8,44	315 N. Fulton Avenu	ie
11. BIRTHPLACE (State of tareign country) 12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME	el Davis
14A. USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTR	Y 15. MOTHER'S MAIDEN NAME	Tails
16 WAS DECEASED EVER IN U.S. ARMED FORCES? 117. SOCIAL	18. INFORMANT	ADDRESS
17. SOCIAL SECURITY NO. (14 yes, give wor or dates af service)	12 Pauline for	ADDRESS
12/4-546	16) 324 B Bull	THE MARKET INTERVAL
CAUSE OF DEA	AIH /	BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY		
LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) IMMEDIATE OUR TO OR	CAUSE Subdural hematoma	
heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.)	AS A CONSEQUENCE OF:	
mijory or compression which course documy		
ANTECEDENT CAUSES (B)	AS A CONSEQUENCE OF:	
RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF	
UNDERLYING CONDITION LAST. (C)		
		
E STATE OF THE STA		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL		
DISEASE OR CONDITION GIVEN IN PART 1 (A).	AS PERFORMED	[21, AUTOPSY? (Yes or No)
O TO THE DEATH BUT NOT RELATED TO THE TERMINAL	AS PERFORMED	21. AUTOPSY? (Yes or No)
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W		yes
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W 22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY (e.g., home, form, factory, street, officer) 10 mm 1	in or about 22C. WHERE DID (If in Baltimore in Street in	yes City, give exact location)
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W 22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY (e.g. home, form, foctory, street, office of the condition of t	in or about 22C. WHERE DID (If in Baltimore to blda, etc.) INJURY OCCUR? 315 N. Fulton A	yes City, give exact location)
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W 22A. EXTERNAL CAUSE WAS UNDERLYING SOR CONTRIBUNCE OF INJURY (e.g. home, form, factory, street, offine) 22D. TIME (Month) (Day) (Year) (Hour) 22E.INJURY OCCURRED OF INJURY (APPROX.) 4-30-72 8:10 a. m. WORK AT 1	in ar about 22C. WHERE DID (If in Baltimore bldg, etc.) INJURY OCCUR? 315 N. Fulton A 22F. HOWDID INJURY OCCUR WHILE S Subj. jumped from	yes City, give exact location) Ave. 7 n 3rd floor window after
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W 22A. EXTERNAL CAUSE WAS UNDERLYING SOR CONTRIBUNDER FORM, form, factory, street, office home. home	in or about 22C. WHERE DID (If in Baltimore to blda, etc.) INJURY OCCUR? 315 N. Fulton A	yes Ave. 1 3rd floor window after 1 the house.
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TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W 22A. EXTERNAL CAUSE WAS UNDERLYING SOR CONTRIBUNDERLYING OF CONTRIBUNDERLYING OF CONTRIBUNDING CAUSE OF DEATH. 22D. TIME (Month) (Day) (Year) (Hour) 22E.INJURY OCCURRED OF INJURY (APPROX.) 4-30-72 8:10 a. m. WORK AT 1 ACCIDENT SOLICION OF INJURY (APPROX.) 4-30-72 8:10 a. m. WORK ACCIDENT SOLICION ACCIDENT SOLIC	in or about 22C. WHERE DID (If in Baltimore te bldg., etc.) INJURY OCCUR? 315 N. Fulton A 22F. HOWDID INJURY OCCUR WORK S Subj. jumped from a fire started in the started of the started	yes City, give exact location) AVE. The arc floor window after in the house. Seath in my opinion arc
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W 22A. EXTERNAL CAUSE WAS UNDERLYING TO OR CONTRIB. 22B. PLACE OF INJURY (e.g. whome, form, factory, street, office of the contribution	in or about 22C. WHERE DID (If in Baltimore te bldg., etc.) INJURY OCCUR? 315 N. Fulton A 22F. HOWDID INJURY OCCUR WORK S Subj. jumped from a fire started in the started of the started	yes City, give exact location) AVE. 1 3rd floor window after In the house. eath in my opinion and monner DATE SIGNED
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W 22A. EXTERNAL CAUSE WAS UNDERLYING TO OR CONTRIB- UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED OF INJURY (APPROX.) 4-30-72 8:10 a. m. WORK AT V 23. I certify that I held an Inquiry Inspection Accident Solici ACTUAL SIGNATURE EXAMINER'S NAME (Type) RUSSell S. Fisher, MD.	in or about 22C. WHERE DID (If in Baltimore to bidgo, etc.) INJURY OCCUR? 315 N. Fulton A 22F. HOWDID INJURY OCCUR WORK Subj. jumped from a fire started of and that on this basis, of the baltimore the medical examiner of	yes City, give exact location) Ave. 1 3rd floor window after In the house. eath in my opinion DATE SIGNED 5-1-72
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W 22A. EXTERNAL CAUSE WAS UNDERLYING TO OR CONTRIB. 22B. PLACE OF INJURY (e.g. whome, form, factory, street, office of the contribution	in or about 22C. WHERE DID (If in Baltimore to bidgo, etc.) INJURY OCCUR? 315 N. Fulton A 22F. HOWDID INJURY OCCUR WORK Subj. jumped from a fire started of and that on this basis, of the baltimore the medical examiner of	yes City, give exact location) AVE. 1 3rd floor window after In the house. eath in my opinion and monner DATE SIGNED
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TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W 22A. EXTERNAL CAUSE WAS UNDERLYING TO CONTRIBUTION GIVEN IN Mome, form, factory, street, offine home 22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED OF INJURY (APPROX.) 4-30-72 8:10 a. m. WORK WHILE AT WORK AT V 23. I certify that I held an Inquiry Inspection Accident Suici ACTUAL SIGNATURE EXAMINER'S NAME (Type) RUSSell S. Fisher, MD. 24A. BURIAL CREMATION, 24B. DATE CALL SIGNATION (Specify) 24C. NAME of CEMETERY CALL TO THE TERMINAL DISEASE OF THE CONTRIBUTION OF THE CONTRIB	in ar about 22C. WHERE DID (If in Baltimore to bidg., etc.) INJURY OCCUR? 315 N. Fulton A 22F. HOWDID INJURY OCCUR WHILE S Subj. jumped from a fire started in and that on this basis, do the started of the started o	yes City, give exact location) AVE. The area of the second of the sec



FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
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BALTIMORE CITY HEALTH DEPARTMENT
G-3/3 72 04180 CERTIFICATE OF DEATH REG. NO. 72 04180
(Type or Print) Dolf Christian gutbrod 2. DATE AND HOUR OF DEATH (Type or Print) Dolf Christian Gutbrod 2. DATE AND HOUR OF DEATH
3. PLACE IN BALTIMORE, MARTIAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE IWhere deceased lived, Il institution: residence before admission.
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET C.CITY OR TOWN D. INSIDE CITY LIMITS?
100 YES NO
902 Exeter Hall Rd 902 Exeter Hall Rd 21218
S. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lift Under 14 tr. 11 Under 24 th Min. Norths Days Hours Min. Norths Days Hours Min.
done (Bring mode of working the even if refired) Defred Stuff Sauf Serman (12. CITIZEN OF WHAT COUNT Stuff Sauf Serman USA
13. FATHER'S MAINE MANG - Treiber
15. Was Deceased Ever In U. S. Armed Farest? (Yes, no or unknown) (If yes, give wdg or dotes of service) No 16. SOCIAL SECURITY NO. 215-05-8416 215-05-8416 215-05-8416
18. APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY
(This does not meen the mode of dying, e.g.,
heart failure, ostheria, etc. Il means the disease, injury or camplication which caused death.)
ANTECEDENT CAUSES (8) (a cle si amoral Gilor Vear
DISEASES OR CONDITIONS, if any, giving nise in the above cause (A) stolling the
UNDERLYING CONDITION last. (c) A NEW STEED C CONT CONTINUES.
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).
DISEASE OF CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Ves or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING 21B. FLACE OF INJURY (e.g., in or about 21C. WHERE DID (If in Boltimore City, give exact location) OR CONTRIBUTINO CAUSE OF home, form, factory, street, office bidg., INJURY OCCUR?
21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURED 21F. HOW DID INJURY OCCUR? While At Not While At Work
22. I certify that (I) (this hospital) attended the deceased from 9. To 19. 19. 19. 19. 19. 19. 19. 19. 19. 19.
that (1) (we) last saw the deceased alive an 4 30 72 19 and that in (my) (aur) opinion death occurred on the de
and have and from the causes stated above. (1) (We) (did) (did not) view the body after death.
23A SIGNATURE PLEUS & Swell MM Attending Med. Director Phys. 123B PATE SIGNED 23B PATE SIGNED
23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS 123D. ADDRESS
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D-LOCATION (City, town, or county) (15the)
Burial 5/3/72 Moreland Mem. Park Baltimore, Maryland
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS
14 2 1972 Robert & Jeber Ma 2 0 1 Legnard J Ruck Inc. Baltimore, Md

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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital a	the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of dec	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceas	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on 1	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. So	written approval must be obtained before the remains are embalmed or final disposition is made.	
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Ce	po	WS	0	9	He	
his	e	ho	SD	9	ri	
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1	10			BALTIMORE CITY	HEALTH DEPARTMENT		200 (4452
BIRTH		5 72 04	181	CERTIFICA	TE OF DEATH	REG. NO	72 0418i
Туре	or Print)	ADDIE	М.	SLATTERY	2, DATE A	11 28, 197	
3. PL/	CE IN BALT	IMORE MARYLAND, V	VHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (WE	nere deceased lived. If	institution: residence before admission)
HOSPI	NAME OF	(IF NOT IN HOSPIT ADDRESS OR LOC	TAL OR IN:	STITUTION, GIVE STREET	Maryland c. CITY OR TOWN	D. IN	SIDE CITY LIMITS?
0	1				Baltimore		YES X NO
7	ro	NG GREEN N	URSIN	IG HOME	E. STREET AND NUMBER	topher Ave	
fe fe	male	6. RACE caucasian	7- MARRI WIDOW	_sepa va ved _	8, DATE OF BIRTH 1/20/1889	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A. U	SUAL OCCU	IPATION (Give kind of wor	k 10B, KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	1	12. CITIZEN OF WHAT COUNTRY?
		vorking life, even if retired)			Virginia		USA
13. FA	THER'S NAA	William Thom	mas He	flin	Mary T	homas Bayne	
S. Wo Yes, no	s Deceosed o or unknown)	Ever in U. S. Armed Fo (If yes, give wor or dot	rces? es of servic	215-22-3002	Mrs Thelma Ha	anson same	ADDRESS
ATION DEC DE D	ISEASES OF SEE IN THE RESIGNIFIC OF THE DEAT SEASE OR CO	asthenio, etc. II means plicotian which causes ANTECEDENT CAUSES OR CONDITIONS, if abave cause (A) CONDITION lost. IL CANT CONDITION S CONDITION S CONDITION S CONDITION GIVEN IN PAID OPERATION 179B. CON WAS PER	ony, giv slating ONTRIBUTIN THE TERMIN RT 1 (A).	ing DUE TO, OR AS the (C)	A CONSEQUENCE OF: A CONSEQUENCE OF:	No) 208. IF YES, WERE	FINDINGS CONSIDERED AUSES OF DEATH?
CERT 51	A. ACCIDEN	IT WAS UNDERLYING		21B. PLACE OF INJURY (e.g., i	n or obout 21 C. WHERE DID		ore City, give exact location
A D		TING CAUSE OF medical examiner		home, form, foctory, street, of etc.)	nice bidg., INJURY OCCUR?		
3 0	D. TIME F INJURY PPROX.)	(Month) (Doy) (Year)	(Hour)	21E. INJURY OCCURRED While At Not While Work Not Work	21F. HOW DID IN	JURY OCCUR?	
th	at (I) (yes)	that (I) (This hespital last saw the deceas	ed alive o	in 4/25			finian death accurred an the date
23.	A. SIGNATU	RE	And	DEGREE Phys	mding Med. Director	Stoff Phys.	23 B. DATE SIGNED
23	NAME (T)		n D		23D. ADDRESS	th St, Bal	to, Md.
24 A. B	URIAL CREA EMOVAL (S DUTIAL	MATION, 24B, DATE	240	Freeman, dres NAME of CEMETERY of CRE arkwood	MATORY 24D.		City, town, or county) (Stote)
25A. C	ATE REC'D	BY HEALTH DEPT.		NE OF REGISTRAR	25C. FUNERAL DIRECTO) R	ADDRESS
/S 150	AY 2 -	1972 Res	E. Jan	Sey, M.D.	Leonard J.	Ruck, Inc	eBalto, Md.

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and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death). Authorise to death. Such written approval must be obtained before the remains are embalmed or final disnocition is made. a hospital This certificate must be approved by the chief medical examiner or his assistant if death occurred in

S-3/5 72 04182		HEALTH DEPARTMENT	REG. NO.	72 04182
1. NAME OF DECEASED (Type or Print) Jess William St			AND HOUR OF DEATH	1 2 45
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCE FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION		4. USUAL RESIDENCE (WA. STATE B. CO.		nstitution: residence before admission)
HOSPITAL OR ADDRESS OR LOCATION)	, GIVE SINCE	C. CITY OR TOWN Raltimore	D. INS	IDE CITY LIMITS?
3802 Southern Avenue		E. STREET AND NUMBER		
S. SEX 6. RACE 7. MARRIED X N	NEVER MARRIED DIVORCED	B. DATE OF BIRTH 12/9/1911	9. AGE (In years lost birthdoy)	II Under 1 Yr. II Under 24 Hrs. Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSI done during most of working life, even if retired) Custodian Balto. Co. Dept. Ed		11. BIRTHPLACE (State or for Md.	oreign country)	12, CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME	1404 02011	14. MOTHER'S MAIDEN N	AAAF	0.022
George W. Stevens			ter Williamso	on
(Yes no or unknown) (If yes, give war or dates of service)	social security no 8-01-4918	Mrs. Marie St	evens same	ADDRESS
DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stating the UNDERLYING CONDITION tast. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	(c)			
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 179A. DATE OF OPERATION 179B. CONDITION FOR WHICH	H OPERATION	20 A. AUTOPSY? (Yes or	No) 208, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 218. PLA	CE OF INJURY (e.g., i irm, factory, street, of	n or obout 21 C. WHERE DID ffice bldg., INJURY OCCUR	(If in Boltimo	re City, give exact location)
	URY OCCURRED Not While At Work	• 🗆	NJURY OCCUR?	
22. I certify that (I) (this hospital) attended the dithot (I) (we) last saw the deceosed clive on	123	19.7.2 ond		3/23/: 1972 Inion deoth occurred on the dote
23A. SIGNATURE Motfore Shayland 23C. Physician's NAME (Type) Theodore Graziane	MD OEGREE Phy	ending Med. S. Director	Shoff Phys. edere Ave. Ba	238. DATE SIGNED 5/11/77 alto. Md.
24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME	DEGREE		LOCATION (C	

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MAY 2 - 1977 VS 150-REV. 1/1/68 Ruck Inc. Balto. Md.

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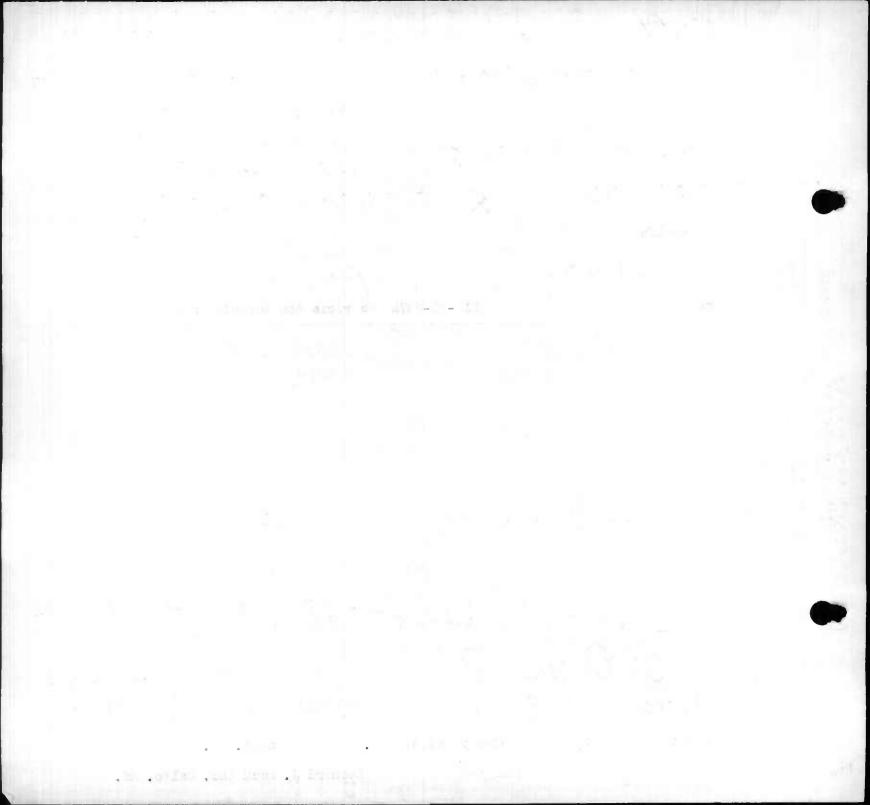
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1 0501	72 04183	BALTIMORE CITY	HEALTH DEPARTMENT		20 04100
BIRTH NO.	Thelma		TE OF DEATH	REG. NO	72 04183
I. NAME OF DECEASED		,			
(Type or Print) GOST	119	nita	2.041	NO HOUR OF DEATH	
3. PLACE IN BALTIMORE, MA	RYLAND, WHERE PRONOUS	NCED DEAD	4. USUAL RESIDENCE (Wh.	ere deceosed lived. Il i	nstitution: residence before admission
FULL NAME OF (IF NOT	IN HOSPITAL OR INSTITUT	ION. GIVE STREET	Mary out	2/2/	4)700
HOSPITAL OR ADDRES	S OR LOCATION	1/ . 10	C. CITY OR TOWN	/	SIDE CITY LIMITS?
North Charle	& Hongol 8	HOSPITAL	E. STREET AND NUMBER		YES NO
Word Chage	I wanted 1			ampnett	ave.
5. SEX 6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. , Il Under 24 Hrs.
+ 1	WIDOWED	DIVORCED	11-11-26	lost birthday	Months Doys Hours Min.
10A, USUAL OCCUPATION (Give	kind of work 108, KIND OF B	USINESS OR INDUSTRY	11. BIRTHPLACE (Stole at fore	eign countryl	12. CITIZEN OF WHAT COUNTRY
done during most of working life, ev Housewife			W. Virginia		USA
13. FATHER'S NAME	_		14. MOTHER'S MAIDEN NA	ME	
Charles Pal	nter		Pearl Stre	een	
15. Was Deceased Ever in U. S. (Yes, no or unknown) (If yes, give		6. SOCIAL	17. INFORMANT		ADDRESS
no	and an activity	212-20-2374	Patricia Ann G	snell same	
18.444.4		CAUSE OF DEATH		. //	APPROXIMATE INTERVAL
DISEASE OR CONE		Pas	monary E	Funtralism	BETWEEN ONSET AND DEATH
LEADING TO		(A) IMMEDIATE CAU	SE		/
heart failure, asthenia, etc	. It means the disease.	DUE TO, OR AS	CONSEQUENCE OF:		***************************************
injuly or complication whi					
DISEASES OR CONDITI		(8)	A CONSEQUENCE OF:		
rise to the above co	use (A) stating the	DUE TO, OR AS	A CONSEQUENCE OF:		
UNDERLYING CONDITIO	N last.	(c)			
O OTHER SIGNIFICANT COND	TONE CONTRIBUTING				
F 10 THE DEATH BUT NOT RE	LATED TO THE TERMINAL	**********			
DISEASE OF CONDITION GIV	198 CONDITION FOR WH	ICH, OPERATION ,	20A-AUTOPSY? (Yes or No	ol 208, IF YES, WERE	FINDINGS CONSIDERED
19A-DATE OF OPERATION 4-27-72	EM DO (15M	teft proch	al more No	101 discontinuent of the	USES OF DEATH?
U 21A. ACCIDENT WAS UND	ERLYING 218. PL	ACE OF INJURY (e.g., in	ar obout 21 C. WHERE DID	(If In Baltimor	e City, give exoct facotion)
DEATH (notify medical exom	Ined etc.)		into one occor.		
OF INJURY (Month) (Do		JURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
< (APPROXI	While Work	At Work			
22. I certify that (I) (this	hospital) attended the	deceored from	1-27	1971 to 4	1-29 1972
that (1) (we) lost sow the		4-29			nion death occurred on the date
and hour and from the	uses stated above. (1) (We) (did) (did not) vi			mon docum occorred on the dale
23A. SIGNATURE	Value		The state of the second		23B, DATE SIGNED
000	macy	Dh.m	ding Med.	Staff Phys.	4-29-77
23C. PHYSICIAN'S	1	OL ORLL	3D. ADDRESS	rnys.	7 01/2
Narciso	E. Jana	CLO M.D.	North a	names 66	en. Hosp.
REMOVAL (Speciful		E of CEMETERY of CREA	MATORY 24D. LO	OCATION (Cit	y, town, or county! (Stotel
Burial 5/	2/72 Dulan	ey Valley Me		to. Md.	
25A. DATE REC'D BY HEALTH	DEPT. 258 NAME OF	REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
MAY 2 - 1972 36	Best E. Jansey M	2 8 0	Leonard J. Ru	ck Inc. Bal	to. Md.
/S 150-REV. 1/1/68			# 0 +		



	the must be approved by the chief medical examiner or his assistant if death occurred in a hospital and is released to the hospital by a medical examiner. Also, if the direct or contributing cause of death a accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased at a hospital (except where the physician who pronounced death was in regular attendance on the ior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such roval must be obtained before the remains are embalmed or final disposition is made.
	contributed in regulation is me
7	the must be approved by the chief medical examiner or his assistant if death occurred is released to the hospital by a medical examiner. Also, if the direct or contribution accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined at a hospital (except where the physician who pronounced death was in regular ior to death); and (6) No physician was in regular attendance on the deceased privoval must be obtained before the remains are embalmed or final disposition is made.
FUNERAL DIRECTOR: IMPORTANT	if the any kind dance of final
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ECTOR	xamine xamine) A fract who pr regula
AL DIR	dical edical edical edical enumy; (3)
UNER	chief m y a me) Body b the ph hysician
u.	d by the sspital k ture; (2) t where 6) No p
)	approve to the he fany na l (excep); and (
	leased trident or hospital or death
	ate n acc at a ior t

MAY 2 - 1972 VS 150-REV. 1/1/6B

		20.0	4 4	BALTIMORE CITY	HEALTH DEPARTMENT		150 04104
BHRTH T		72 0	4184	CERTIFICA	TE OF DEATH	REG. NO	72 04184
1, NAM (Type a	E OF DECE		E. Calo	dwell		AND HOUR OF DEAT	H I M.
3. PLA	CE IN BALT	MORE MARYLAND, W	HERE PRONOL	INCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) A. STATE B. COUNTY		
FULL N HOSPIT INSTITU	AME OF AL OR ITION	(IF NOT IN HOSPITAL ADDRESS OR LOCA	AL OR INSTITU (TION)	JTION, GIVE STREET	c. city or town Baltimore	D. IN	ISIDE CITY LIMITS?
0	38	09 Glen Arm	Ave.		E. STREET AND NUMBER		YESIK NO
5. SEX	М.	6. RACE W.	7- MARRIED [NEVER MARRIED DIVORCED	8. DATE OF BIRTH 5/21/1914	9. AGE (In years last birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months: Doys Haurs Min.
done du		orking life, even if retired)	10B. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or f		12. CITIZEN OF WHAT COUNTRY?
13. FAT	her's nam Rol	ert Caldwell	l.		14. MOTHER'S MAIDEN N	IAME	1
(Yes, no	Deceased ar unknown)	Ever in U. S. Armed Fair (If yes, give war ar dote	ces? s of service)	16. SOCIAL 226-18-0936	17. INFORMANT Mrs. Stell Ca	aldwell same	ADDRESS 9
NOTO TO DIS	EASES OF THE DEATH	R CONDITIONS, if obove couse (A) CONDITION lost. II CANT CONDITION S COIL BUT NOT RELATED TO THE NOT RELATED TO THE NOTION OPERATION 178. CON WAS PERF	NTRIBUTING HE TERMINAL T + (A). DITION FOR V	by he of	20A. AUTOPSY? (Yes ar	No) 208. IF YES, WERI	E FINDINGS CONSIDERED AUSES OF DEATH?
OR	CONTRIBUT	T WAS UNDERLYING [TIME] CAUSE OF	21 B. hom etc.)	e, form, factory, street, at	n ar about 21C. WHERE DID fice bldg., INJURY OCCUR?	(If in Baltim	are City, give exact location)
21 D OF	PROX.)	(Manth) (Day) (Year)		INJURY OCCURRED le At Not While At Work	21F. HOW DID I	NJURY OCCUR?	, 32
tha	t (I) (we) I	ost sow the deceose	d olive on			that in(my) (our) a	olnion death occurred an the date
23A	. SIGNATUR	" series	Cu Cu	MU LD Atte	nding Med.	Staff Phys.	23B. DATE SIGNED May 1, 1972
	PHYSICIAN NAME (Typ	Sebastian		MD. DEGREE	5017 Harford		
Buri		5/4/72		Stnut Hill		Crumpler, No	city, town, or county) (State) orth Carolina ADDRESS
MA	2 - 1 REV. 1/1/61	772 Pober & E.				Ruck Inc. Ba	

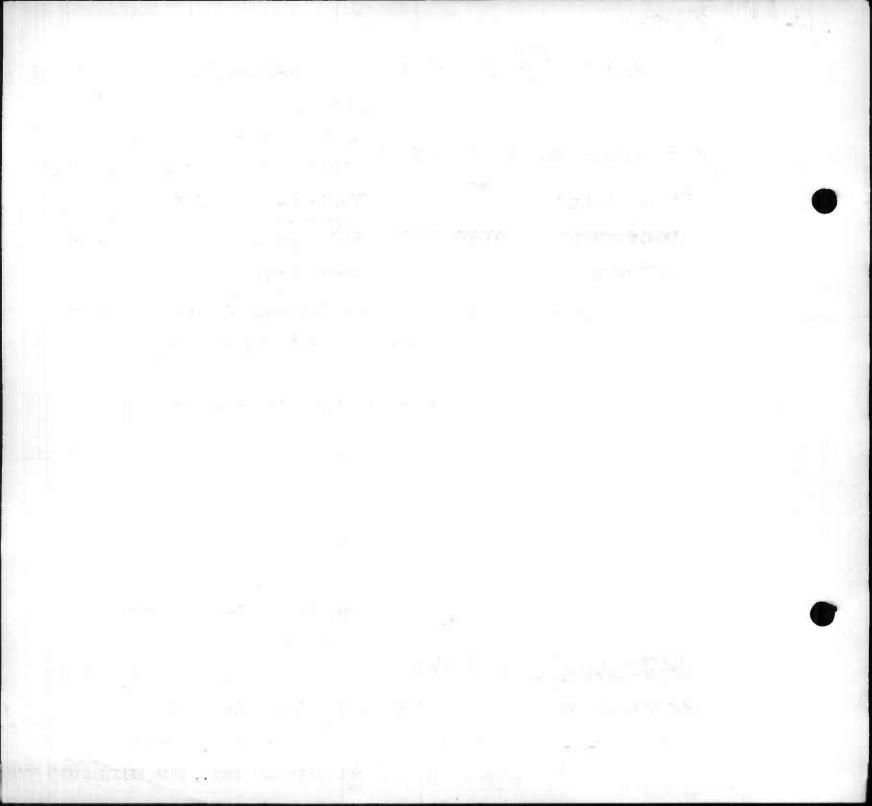
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(Ту	pe or Print)	ARLY	TN	XXX	FRAN	K	2. DATE	28/77	ATH	13:05 7
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FU	LL NAME OF	(IF NOT	IN HOSPIT	AL OR INSTIT	UTION, GIVE STR	REET M	ARYLAI	UD		2730
IN:	STITUTION	ADDIE:	S OK LOCA	A IION)		C. CI	Y OR TOWN	D.	INSIDE CITY	_
0	MARY	1411	2 6	ENIETO	AL HE	OS P. E. ST	REET AND NUMBER	1100	YES 🚣	- NO []
							7033 WA	FLUIS A	VE.	21215
5. S	T	6. RACE	/		NEVER MARK	RIED B. DA	E OF BIRTH	9. AGE (In years lost birthday)	/i Und	der 1 Yr. if Under 24 si Days Haurs Mi
104	EMAL.	E CO	HITE	WIDOWED	DIVOR	CED /	-18-34	3°	7	
don				(A)	CXXXXX AT H	IOME (BALTIMORE'	oreign country)		TIZEN OP WHAT COUN
13.	FATHER'S NAM	XXHOUSE	WIFE	/40.	STEAR AT 1		OTHER'S MAIDEN N	AME		U.S.A.
	LOUIS	S COHEN					ENNYE FEIN			
15. V	Was Deceased	Ever in U. S.	Armed For	ces?	1 6. SOCIAL		ORMANT (HE			ADDRESS
	NO	Jean Blag	NO OF BOTE	e or selvice)	SECURITY N	· M	R. SORRE	L FRAN	K	SAME
	18.	-X 1	, - 0		CAUSE O	E DEATH				APPROXIMATE INTERV
		E OR COND		RECTLY	G	ENERA	4760	METASTO	NS CC	BETWEEN ONSET AND DE
	(This does no	al mean the	mode of	dying, e.g.,	(A) IMMED	IATE CAUSE				
li	heart fadure (DUETO	D. OR AS A CONS	FOUENCE OF			
	injury or camp			the disease,	-		EQUENCE OF:			
	injury or camp	NTECEDENT	ch caused	the disease, death.)	C	ARCINO	MA OF	BREAS	7	
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1	1-15	0	MED	ICAL	EX.	AMINER'S	CERTIFI	CATE	F DEAT	ТН	12	0.41	186
В	IRTH NC.									REG. NO.			
	NAME OF DE	CEASED					2. DATE OF	Known 202		Doy	Yeor	Hour	
1	DI ACE IN DA	Leon Le	evin	ALLER W. D.			DEATH	Estimoted	<u> </u>	27	72		N
	PLACE IN BA						3. DATE	JNCED DEAD	Month	Doy	Year	Hour	
H	OSPITAL	ADDRE	ESS OR LOCA	TION)		I, GIVE STREET			4	27	72	16:30	L
	OR INSTITUTION Arlington Hotel 5207 Reisterstown Road						A. STATE	ESIDENCE (W	here deceosed i	B. COUNTY	n: residence b	efare adm	issian)
6.	6. SEX 7. RACE 8. MARRIED NEVER MARRIED						C. CITY OR	TOWN		D. INSIDE CI	TY LIMITS?	0	9
m	ale	White		WIDOW	-	DIVORCED .	Ba	lto.			ES 🗆	поП	
9.	DATE OF BIRT	TH	10.AGE (In	yeors	If Unde	r I Yr. if Under 24 Hrs. Doys , Hours , Min.	II .	ND NUMBER	5207 R	EISTERST		NO L	
Н	1/8/191	10	lost birthdon	"	MOHIES	Doys nours Min.	2:	ZZXVXXX		exaverne		AD	
11	BIRTHPLACE (State or farely	n country)			ZEN OF	13. FATHER						
H	BALTIMOR	RE. MARY	LAND			USA	.709	SEPH LEV	TN				
14	A.USUAL OCCL	JPATION (Give	e kind of work!	4B. KIND	OF BU	SINESS OR INDUSTRY	15. MOTHE	S'S MAIDEN	VAME				
	20th CEN			CO.	PRI	INTER	MARY	?					
16.	WAS DECEAS	Milf ves, give w	U.S. ARMED	FORCES	? 17	SOCIAL SECURITY NO.	18. INFORM			Al	DDRESS		
L	NO					12-03-8794	MRS. MA	ARCIA FR	EEDMAN.	6204 IV	YMOUNT	RD.	#212
	19.	55	X	1.1.2		CAUSE OF DEA	TH			VSV 1 11	API	PROXIMATE I	
	DISEAS	SE OR COND	TION DIREC	CTLY		Guns	shot wou	and of c	hest		J. T.	LETY ONSET	NAO DEAL
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CERTIFICATION	OTUPE COL		11										
S	TO THE DE	ATH BUT NOT	RELATED TO 1	THE TERMIN	NG NAL								
F	20A. DATE OF	CONDITION	GIVEN IN PA	RT 1 (A)-		IICH OPERATION WA				***************************************			
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¥	22A. FXTER	NAL CAUSE Y	WAS	12	OPR DIA	CE OF INITIDAY						(part	ial)
EDIC	UNDERLYING	OR CONT	TRIB-	ĥ	nome, fa	CE OF INJURY(e.g., rm, factory, street, affice	bidg., etc.) IN	IJURY OCCUR	D (If in Baltimo	re City, give exa	t location)	2.78	3
ME	UTING L CA		TH. oy) (Yeor)	(Hour)	122E I	HOTEL		F. HOW DID		- 5207 R	eister	stown	Roa
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	23.			р	m. WOR		WHILE CK ORK TIAL	DCLL LI	TITCEGG	e			
	1 cert	lfy that I he	eld an In	quiry [] In		opsy K	and that or	this basis.	death in my	ninlen		
	result	ted from: No	ateral cays	es 🗌		dent Sulcid	Torre -	nicide 🔲		ned manner			
		11	11.		1 1	4		HIEF MEDICA			,		
	SIGNATI		1) VI	200	M	les us	DATE SIGNED					NED	
	EXAMIN	ER'S Pe	ter Li	nkovi	c A		A.D. ASSOCIATE MEDICAL EXAMINER 4/28/7					72	
-	NAME (T	ype		Provi									
	A. BURIAL CREA MOVAL (Specification)	fy)	4B. DATE			AME of CEMETERY			D. LOCATION		or county)	(Sta	te)
_	BURIAL		4-30-72	2	HEB	REW YOUNG M	EN		RALI. I MOI	RE, MARY	LAND		
25	A. DATE REC'D	BY HEALTH D	EPT.	25B. NA	ME OF	REGISTRAR	25C. FI	UNERAL DIREC	CTOR	AC	DRESS		
		40000	10 -0	1 9 4	-	The same of the sa	007						

WAY 2 - 1972 14648 E. VS 151-REV. 7/1/68

SOL LEVINSON & BROS.,6010 REISTERSTOWN ROAD

1 DESCRIPTION SHOP FRANCE BUDGESTELLE GEORGE, COME & WESTERLE FOR

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

11	2 111	72 6	1100	BALTIMORE CITY	HEALTH DEPARTMENT		
S)-/60	12 0	410/	CERTIFICA	TE OF DEATH	REG. NO	72 04187
	NAME OF DECEAS	SED				HOUR OF DEATH	
CI	ype or Print) A A	RON. S	OPHER		A .	-72	1 10:40 Am
3	PLACE IN BALTIM	ORE, MARYLAND, W		CED DEAD	4. USUAL RESIDENCE (Where A. STATE 8. COUNTY	deceased lived If ins	tilution: residence before odmission)
III H	ULL NAME OF OSPITAL OR	FIF NOT IN HOSPITA	AL OR INSTITUTION	ON, GIVE STREET	MARYLAND C. CITY OR TOWN	D INIETT	DE CITY LIMITS?
11"	/ CALA i	1/2 - 2:			BAITIMORE	D. INSIL	YES NO
	SINAI	HOSPITA	1 L		E. STREET AND NUMBER		TES NO
	ナン					1. PARKW	AY #10
5.	Ja .	RACE	7. MARRIED)	NEVER MARRIED		AGE fin years	If Under 1 Yr. If Under 24 Hrs. Months! Doys Hours Min.
iL	ALE	WHITE	WIDOWED	DIVORCED [12/200	66	
10	A. USUAL OCCUPA	TION (Give kind of work king life, even if retired)	108, KIND OF BU	ISINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreign	country)	12 CITIZEN OF WHAT COUNTRY?
100	ARTIST	ing me, even il temes,	PATE	TING	BALTIMORE, MAR	RYLAND	USA
13	FATHER'S NAME				14. MOTHER'S MAIDEN NAME		
		A. SOPHER			JENNIE SAPPERS	STEIN	
15 fY	Was Deceased Eve	er in U.S. Armed Foreyes, give wor or dote:	es? 16	SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
Ш	NO			occorn no.	MRS. EDITH FEIKE	N 2903 TE	RRY DRIVE #21209
╟	18.	91416	-28	CAUSE OF DEATH		, 2303 IE	APPROXIMATE INTERVAL
	DISEASE	OR CONDITION DIR	ECTLY				BETWEEN ONSET AND DEATH
ll -		ADING TO DEATH		AND THE CASE	SE CARDIO- RESPIR	ATTORY FAI	2118 12 fra
	This does not	meon the made of henia, etc. It means	dying, e.g.,	DUE TO, OR AS	CONSEQUENCE OF:	1101-1111	12 100
	injury or camplic	tolion which caused	deoth.)			/	
	ANI	ECEDENT CAUSES		HEMBER	HAGE-CHETROTAL	THETEDOLA	4EST
	DISEASES OR	CONDITIONS, II	anv. giving	DUE TO, OR AS	A CONSEQUENCE OF:	1011900	
	rise to the d	abave cause (A)	stating the	CARRA	IC. ACTIVE 42	PATITIC	
	UNDERLYING C	ONDITION IOSL		(c) (TF010)	TO ACTIVE TIL	PNILLIS	
11 2		- 11		AND	CARCINUMIN OF	Cecura	
ATION	TO THE DEATH B	NT CONDITIONS CON UT NOT RELATED TO TH	E TERMINAL				
CERTIFICA	19A. DATE OF OP	ERATION GIVEN IN PART ERATION 198 CONI WAS PERF	TI (A).	CH OPERATION	20A. AUTOPSY? (Yes or No)	208, IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?
1 2	DIC -1-12	- 10 DU16	ung-lation	al Escale casting	aun	IN CERTIFIEND CAU	SES OF DEATH?
	On COMPRINING	G CAUSE OF	/ [21 B, PL/	ACE OF INJURY fe.g., In	or obout 21 C. WHERE DID	(If In Boltimore	City, give exect location)
MEDICAL	21 D. TIME IM	onth) (Doy) (Year)	(Houd 21E IN.	JURY OCCURRED	21F. HOW DID INJUR	v Accilm	
\$	OF INJURY		While A			1 OCCUR!	
			Work	AL WORK			
\parallel	22. I certify tha	t (l) (this haspital)	attended the c	leceased from	3-20 19	7>10 U	- 2 7 19 72
1	that (I) (we) las	t sow the decease	dalive on	4- 27	19 22 and that	In (my) (our) opini	an death occurred an the date
Ш	and hour and fre	om the causes state	ed abave. (f) (V	(e) (did) (did not) vi	ew the bady after death.		
	23A. SIGNATURE						23B, DATE SIGNED
		uexes md	? 	DEGREE Phys.	ding Med. Sk	off D	4-27-72
23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS							
	REYNAL	DO G. MEN	ESES, M.	D. DEGREE	Sinai Hosp	ilal	
24	A. BURIAL CREMAT	ION, 248 DATE	24C. NAME	of CEMETERY of CRE		ATION (City,	, town, or county) (Stote)
	BURIAL	4-30-72				TIMORE, MAR	
25	MAY 2 - 19	2 Jober E	25 PNAME OF E	EGISTRAR	SOL LEVINSON &	BROS.,6010	REISTERSTOWN ROAD

VS 150-REV- 1/1/68

ASSESSMENT OF THE PARTY OF THE

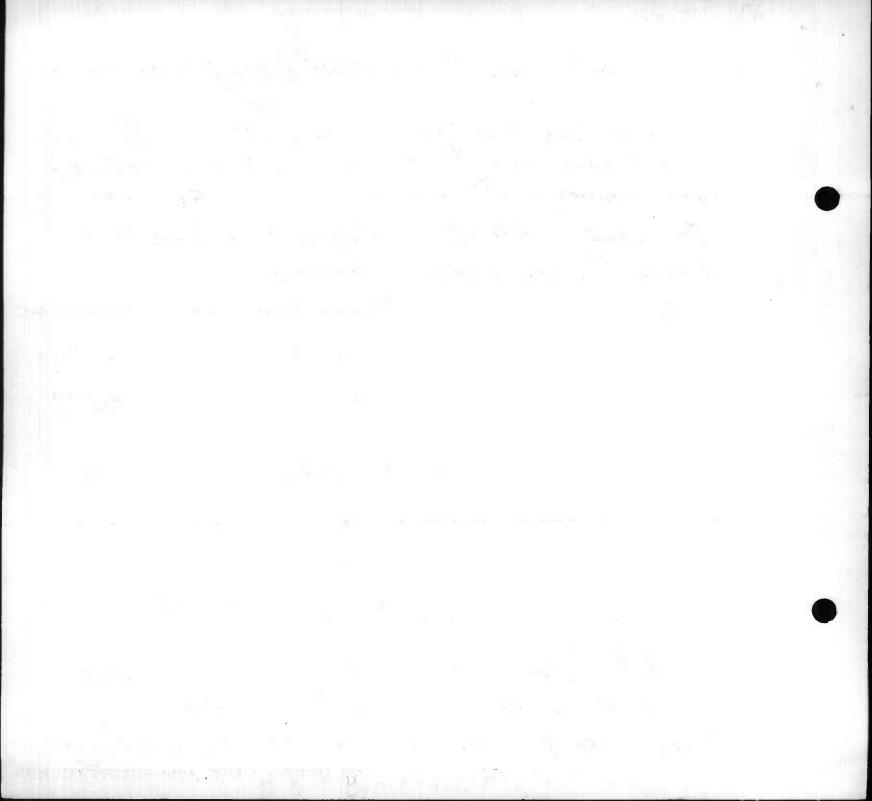
VS 150-REV. 1/1/68

pitol and of death

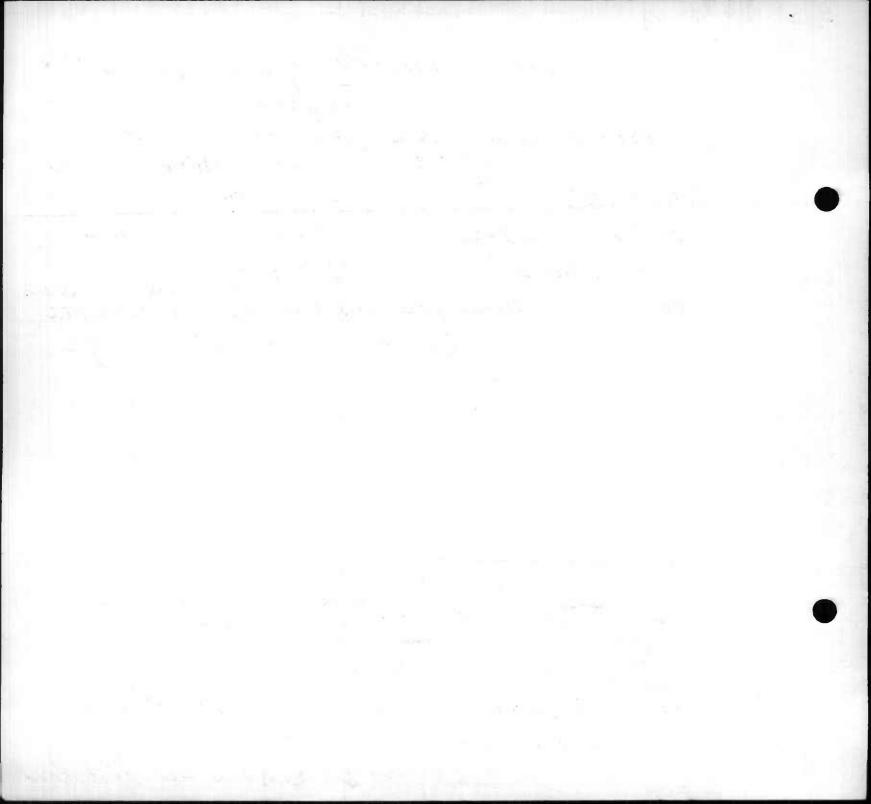
Such

(120 0110	BALTIMORE CITY	HEALTH DEPARTMENT		
5-632 72 04188	CERTIFICA	TE OF DEATH	REG. NO.	2 04188
1. NAME OF DECEASED			D HOUR OF DEATH /	
(Type or Print) ABRAHAM	SCHWA	RTSMAN APK	14 27/72	-14- Am
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUN	CED DEAD	4. USUAL RESIDENCE (When	e doceosed lived. If institu TY	tion: residence before admission)
FULL NAME OF HOSPITAL OR INSTITUTION ADDRESS OR LOCATIONI	ON, GIVE STREET	MARYLAN.	D. INSIDE	2720
4601 PALL MALL	- ROAD	BALTIMOR	P. August 1	S NO
		E. STREET AND NUMBER	/	- <u>JA</u>
YEWISH CONVELESANT	HOME	3900 FORD	SLANE -	APTIOZ
111111111111111111111111111111111111111	NEVER MARRIED	8. DATE OF SIRTH	ost birthdoy) / Me	Under 1 Yr. II Under 24 Hrs.
10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BI	DIVORCED		8/	
done during most of working life, even if retired)	Jainess OK INDUSTRY			CITIZEN OF WHAT COUNTRY?
- FUSHRANCE FIELD	0%	CHATTANDO		USA.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	AE .	
+SRAEL OCHWARTEN	MAN	DARAH		
15. Was Deceased Ever in U. S. Armod Forces? (Yes, no or unknown) (If yes, give wer or dotes of service)	SECURITY NO	17. INFORMANT		ADDRESS
NO	MI MAI	LEAH SCHU	AKTSMAN-	3% OFORDSLAME
184 / 2417-2504	CAUSE OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH				BETWEEN ONSET AND DEATH
(This does not mean the made of dving, e.g.,	(A) IMMEDIATE CAU			27 days-
heart failure, asthenia, etc. It means the disease, injury or camplication which coused dooth.	DUE 10, OK AS A	CONSEQUENCE OF:		
ANTECEDENT CAUSES	ASCI	1),		3 years
DISEASES OR CONDITIONS, il ony, giving	(B)	A CONSEQUENCE OF:	*******************************	
rise to the obove couse (A) stating the UNDERLYING CONDITION lost.				
	(c)			
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	Desbete	nellitis		16 yers
198. CONDITION FOR WHI	CH OPERATION	20A. AUTOPSY? (Yos or No)	208. IF YES, WERE FIND IN CERTIFYING CAUSES	INGS CONSIDERED OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 218. PL	ACE OF INJURY (e.g., In	or obout 21 C. WHERE DID	(If In Bolilmore City	y, give exect locetten)
DEATH (notify modical examine)	ionn, lociory, sheet, on	ice bidg. INJURY OCCUR?		
21D-TIME (Month) (Day) (Year) (Hour 21E IN	JURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
(APPROX.) While	Al Work	П		
22. I certify that (1) (this hospital) attended the		1///	56 to 4	27 / 1922
that (i) (we) lost saw the deceosed alive an	4/26	the s		death occurred on the date
and hour and from the causes stated above. (1) (1)	#a) (did) (did not) vi		in(my) (our) opinion	death occurred on the dote
23A- SIGNATURE	10, (010, (010 1101, 11	ew the body offer deoffi.	23 &	DATE SIGNED
AA Jan)	After Phys	ding Med.	hys. \begin{array}{c} \	1/27/77
23C. PHYSICIAN'S NAME (Type)	200700	3D. ADDRESS	mys	10111
A. A. SILVER		6210 POON H	TO AUF	
24A. BURIAL CREMATION, 248. DATE 24C. NAMI	E of CEMETERY OF CRE/	MATORY 24D. LO	CATION (City, to	wn, or county) (Stote)
BURIAL APRIL 28/1- HEB	OFUL TON	NDAIP BA	1. TIMA DE	MARVINAIN
25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF	REGISTRAR	25C. FUNERAL DIRECTOR	-/MURE,	ADDRESS
MAY 2 - 1972 (16 Best E. Jacker, 15)	0.00	SOL LEVINSON	& BROS.,6010 1	REISTERSTOWN ROAD
1/2 1/2 DELL 1/1//2				

V



.]	M (// BALTIMORE CITY HEALTH DEPARTMENT	
arh sed the och	BIRTH'NO. 72 04189 CERTIFICATE OF DEATH REG. NO. 72 0418	9
e e e e e e e e e e e e e e e e e e e	1. NAME OF DECEASED (Type or Print) 2. DATE AND HOUR OF DEATH (Type or Print) 2. DATE AND HOUR OF DEATH (Type or Print) 2. DATE AND HOUR OF DEATH (Type or Print) 4. USUAL RESIDENCE (Where deceased lived, if institution; residence before	PM
ospita b of i) Dec nce o eath.	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, if institution: residence before A, STATE	odmission)
hos use (5) dan de	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET MAUSLANA	7
200	HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION 2500 W. Belledae are C.C.D.Y. OR TOWN D. INSIDE CITY LIMITS? YES NO E. STREET AND NUMBER	
outing led cau ar att prior de.	apt 413 2500 W. Belredere anemu	2
trik mim gul sed	5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In yoors list bighday) Months Doys Hours	ler 24 Hrs. Min.
re r	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State of loroign country) 12. CITIZEN OF WHAT	COUNTRY?
or condet in dec	Tailor Shap dethuance USA	
direct or c firect or c ; (4) Undet h was in the dec	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME WASHED	
al al	15. Wed Deceased Ever in U. S. Armed Forces? (Yos, no or unknown) (If yes, give wer or dotes of service) 16. SOCIAL SECURITY NO.	Drive
発表する言語	18. CAUSE OF DEATH LAPROXIMATE	t
his a fo, if fany nced enda d or	DISEASE OR CONDITION DIRECTLY CAUSE OF DEATH CAUSE OF DEATH APPROXIMATE BETWEEN ONSET	
Als Als att	LEADING TO DEATH (This does not meen the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF:	
oro ar ba	heart failure, asthenia, etc. It means the disease, injury at camplication which caused death.)	
A franch	ANTECEDENT CAUSES (B)	,
S G I	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF: rise to the above cause (A) stating the UNDERLYING CONDITION last. (C)	
adical Jical Jrns; rsicia was		
med med dy bus physician v	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING I TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
	19A-DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION 20A AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFIING CAUSES OF DEATH?	
the ch al by (2) Bo ere th o phys	OR CONTRIBUTING I CAUSE OF Some forms former street eligible bids IN LURY OCCUR?	
+ B 0 0	S DEATH (notify medical examine) etc.)	
10 10 10 10	21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While At Not While At Work	
proved the hoi ny nat except and (6	TOTAL CONTROL	9
of a poly	that (i) (we) last saw the deceased alive on 19 and that in (my) (our) apinion death accurred a	n the date
dent of death)	and have and from the causes stated above. (1) (We) (dld) (dtd set) view the bady after death.	
To Project	The Not on hand the noting Med. Stoff Phys. Director Phys.	2
0 - 0 - 0 >	23C. PHYSICIAN'S NAME (Type) MILL TON / R VIRSH LEGOD (IV. MIGOTUFE) PONUME PONUME	/
certificat sody was s: (1) An D.O.A. as ased pric	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. JOCATION (City, town, or county)	(State)
This certification of the body shows: (1) was D.O. was deceased written a	Demal Gul 30/2- Mikeo Kodesh Dattervare, Md	1
This ce the borshows: was D. deceas	MAY 2 - 1972 Robert & Jack La 2 0 Sol Alungan Rus - 6010 Rust 1	Kans
	VS 150-REV. 1/1/68	- //

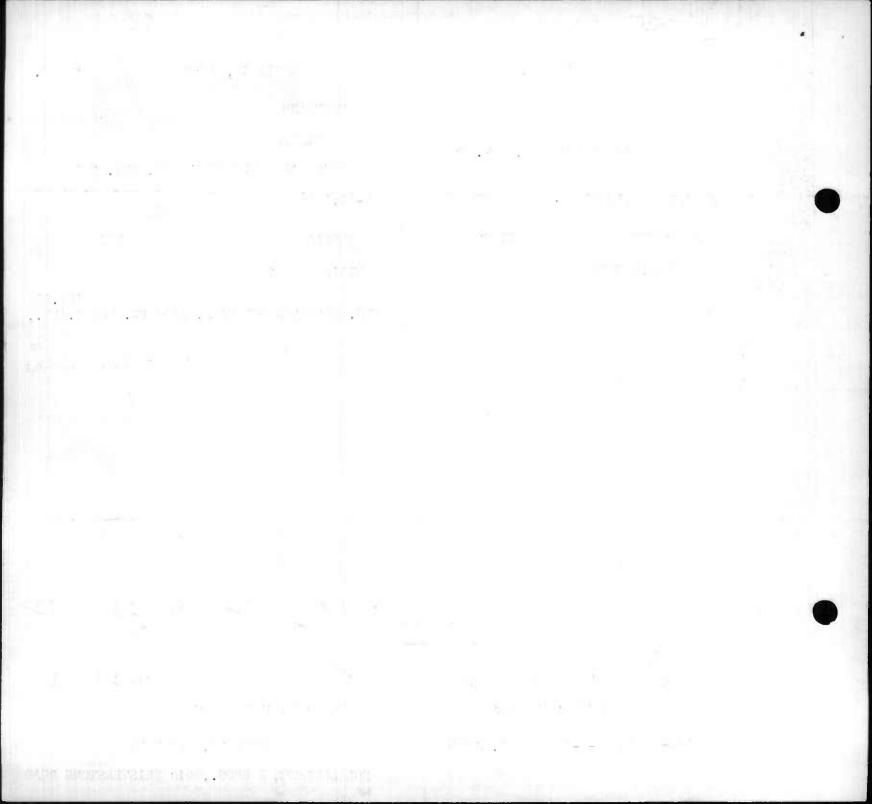


IMPORTANT FUNERAL DIRECTOR:

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and, the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased attendance on the death. Such 0 written approval must be obtained before the remains are embalmed or final disposition is made. was in regular was D.O.A. at a hospital (except where the physician who pronounced death was in regula deceased prior to death); and (6) No physician was in regular attendance on the deceased or his assistant if death approved by the chief medical examiner This certificate must be

	C 25	5 200		BALTIMORE CITY	HEALTH DEPARTMENT		70 04100
	BIRTH NO.	72 0	1190	CERTIFICA	TE OF DEATH	REG. NO	72 04190
	1. NAME OF DEC	EASED		3	2. DATE A	ND HOUR OF DEATH	
		DORA SEI			APRI	L 28, 1972	9 A. M
- 1	3. PLACE IN BAL	TIMORE, MARYLAND, W	HERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (WI	nere deceased lived. If inst	titution: residence belore admission)
	FULL NAME OF	OF NOT IN HOSPIT	AL OR INSTIT	UTION, GIVE STREET	MARYLAND		2720
	INSTITUTION"		111014)		C. CITY OR TOWN		E CITY LIMITS?
ď,	6606 PAR	K HEIGHTS AVE	NUE. AP	T. 302	BALTIMORE E. STREET AND NUMBER		YES NO
						HEIGHTS AVENU	F ADT 302
	5. SEX	6. RACE	7- MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE Iln years	Il Under 1 Yr. Il Under 24 Hrs.
	FEMALE	WHITE .	WIDOWED		8-21-1884	07	Months Doys Hours Min.
	done during most of v	JPATION (Give kind of work working life, even if retired)	108 KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or for	reign country)	12 CITIZEN OF WHAT COUNTRY
	HOUSEW		AT	HOME	RUSSIA		USA
	13. FATHER'S NAM				14. MOTHER'S MAIDEN NA	AME	
		CHNEIDER			MIRIAM ?		
	(Yes, no or unknown)	Ever in U. S. Armed For-	ces? s of service)	SECURITY NO.	17. INFORMANT		ADDRESS APT . 302
	NO			The state of the s	MRS. GERTRUDE	GOLDFARB, 660	6 PK. HGHTS.AVE.,
	18.	241		CAUSE OF DEATH	1		APPROXIMATE INTERVAL
-		E OR CONDITION DIR LEADING TO DEATH	ECTLY	Cerel	nal ante	nordnor	
	(This does no	ot meon the made of osthenio, otc. it meons	dying, e.g.,	(A) IMMEDIATE CAU DUE TO, OR AS A	SE A CONSEQUENCE OF:	(00000	a several yrs
	injury or com	plicotion which coused	deoth.i				
		NTECEDENT CAUSES		(8)			
II.	DISEASES O	R CONDITIONS, if a obove couse IA)	ny, giving	DUE TO, OR AS	A CONSEQUENCE OF:	*********************	***************************************
	UNDERLYING	CONDITION last.	storing inte	(c)			
	z	11					
ш	F TO THE DEATH	CANT CONDITIONS CON BUT NOT RELATED TO TH	E TERMINAL				
- 11	U 19A DATE OF	OPERATION 198 CON	DITION FOR V	HICH OPERATION	20A. AUTOPSY? IYos or N	o) 208. IF YES, WERE FIN	IDINGS CONSIDERED
	21A. ACCIDEN	WAS PERF	DRMED			IN CERTIFYING CAUS	ES OF DEATH?
- 11	OR CONTRIBU	T WAS UNDERLYING THE	hom	o, form, factory, street, off	or obout 21 C. WHERE DID	(If In Boltimore	City, give exoct location)
- 11	O DEATH Inotity	medical examined	etcJ				
	S OF INJURY	(Month) (Doy) (Year)		NJURY OCCURRED Not While	21F. HOW DID IN	JURY OCCUR?	
	(APPROX)		Wor	At Work			
		that (I) (this hospital)		e deceased fram		.19))/to	- 28 19 7
		last saw the decease		4-14	19	hat in (my) (aur) apinio	an death accurred on the dote
	and haur and	fram the causes state	ed above. (I)	(We) (did) (did-not) vi	ew the bady after death.		
	5		1	(Atten	ding Med.		B. DATE SIGNED
	23C. PHYSICIAN	my /	Cer	To DEGREE Phys.	Director L	Staff Phys.	4-28-72
	NAME (Ty	IRVIN O S	ALIREDA	2	SD. ADDRESS	TETCHTC AVENUE	
	MA BURIAL CREM	ATION, 248, DATE	40	ME OF CEMETERY OF CREA		HEIGHTS AVENUE	
- 11	REMOVAL IS	ecify)			1		town, or county! (Stotel
1	The state of the s	3-1-1Z	MIT.	JUDAH	В	ROOKLYN, NEW	IUKK

258 NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS 2 -LEVINSON & BROS.,6010 REISTERSTOWN ROAD VS 150-REV. 1/1/68



BALTIMORE CITY HEALTH DEPARTMENT REG. NO. spital and of deoth CERTIFICATE OF DEATH Such I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 0 EISENSTEIN April 30, 1972 death. 3. PLACE IN BALTIMORE, MARYLAND. 4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before admission)
A. STATE
B. COUNTY WHERE PRONOUNCED DEAD attendonce (2) contributing cause FULL NAME OF HOSPITAL OR INSTITUTION IIF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) MARYLAND C. CITY OR TOWN RANDALLSTOWN D. INSIDE CITY LIMITS? (4) Undetermined cause; 2 RAKKKMORK NO YES occurred in prior E. STREET AND NUMBER 8606 Bramble la. disposition is made. in regular 5. SEX 6. RACE If Under 1 Yr. Months; Doys B. DATE OF BIRTH 9. AGE (In years MARRIED NEVER MARRIED If Under 24 Hrs. deceased HITE MALE WIDOWED DIVORCED 4-15-02 10A USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State of foreign country) 12. CITIZEN OF WHAT COUNTRY? deoth dane during most of working life, even if retired) MERCHANT RETAIL BALTIMORE, MARYLAND USA Was the 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME * MAX EISENSTEIN ANNA assistant death attendance on 15. Was Deceased Ever in U. S. Armed Forces? |Yes,no or unknown)|||| yes, give wor ar dates at service) 6. SOCIAL 17. INFORMANT or final ADDRESS SECURITY NO. MRS. ANNA EISENSTEIN, 8600 BRAMBLE LANE, APT. 102 any pronounced 18. CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH his DISEASE OR CONDITION DIRECTLY embaimed fracture of LEADING TO DEATH Gulmosser (A) IMMEDIATE CAUSE (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: heart failure, asthenio, etc. It means the disease, regular injury or complication which caused death.) ANTECEDENT CAUSES Who are DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the the physician obtained before the remains UNDERLYING CONDITION last medical (6) No physician was burns; П CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). any nature; (2) Body 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS FERFORMED 20A. AUTOPSY? (Yes or No) 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 8 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218 PLACE OF INJURY (e.g., in or obout 21G, WHERE DID hame, form, foctory, street, office bldg., INJURY OCCUR? where (If In Boltimore City, give exact location) hospital MEDICAL DEATH (notify medical examined) OF INJURY (Month) (Doy) (Year) (Houd 21 E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? approved (except Not While While At (APPROX) and At Work to the 4-28 22. I certify that (1) (this hospital) attended the deceased from death); that (1) (we) last saw the deceased alive on. 4-20and that in(my) (aur) opinion death occurred on the date of hospital was released and have and from the causes stated above. (1) [We] (did) (did not) view the body after death. must accident 23A. SIGNATURE 23B. DATE SIGNED Attending deceased prior to Med. Shaff written approval Phys. Director O 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS at An D.O.A. shows: (1) 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) he body (State) BURIAL BALTIMORE, MARYLAND CHIZUK AMUNO (ARLINGTON) Mas BY HEALTH DEPT. 258 NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS SOL LEVINSON & BROS., 6010 REISTERSTOWN ROAD VS 150-REV. 1/1/68

THE STATE OF THE STATE OF ** Section Transaction and Commentary Awar Sun. TABLE TO THE PROPERTY OF THE PARTY OF THE PA TANK NATIONAL PLANTAGE OF THE PARTY OF

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1.	1)		HEALTH DEPARTMENT						
BIF	U-536 72 0419	2 CERTIFICA	TE OF DEATH	REG. NO.	2 04192				
	pe or Print. Eve Weintraub, Eve	2	2. DATE AN	14 30, 1972	330 P M.				
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PR	ONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. It institution: residence before admission) A. STATE B. COUNTY						
H	ILL NAME OF (IF NOT IN HOSPITAL OR I	MARYLAND C. CITY OR TOWN	D. INSIDE CITY	2719					
III	STITUTION	BALTIMORE	YES	7 No∏					
1	JEWISH CONVALESCENT HO	ME	E. STREET AND NUMBER						
1			5723 NARCIS	SSUS AVENUE					
S.	- ALTTER	RIED NEVER MARRIED DIVORCED	B. DATE OF BIRTH	9. AGE (In years If Un	der 1 Yr. If Under 24 Hrs.				
	LUSUAL OCCUPATION (Give kind of work 108, KIN	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or forei	gn country) 12. Cl	ITIZEN OF WHAT COUNTRY?				
		AT HOME	LUCK, POLAND		USA				
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAM	WE					
	YETSUCK CHARISH		PEARL ?						
1S. (Ye	Wos Deceosed Ever in U. S. Armed Forces? s, no or unknown) (If yes, give wor or dotes of ser	rice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS				
	NO	CAUSE OF DEATI	MR. SAMUEL WEIN	TRAUB, 5723 NAR	CISSUS AVE. #15				
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying, heart loilure, asthenia, etc. It means the disinjury or complication which coused death.) ANTECEDENT CAUSES	e.g., (A) IMMEDIATE CALL DUE TO, OR AS CALLET	Sal Thanko A CONSEQUENCE OF: upclerdic H	Leary & seems	1 Week 3 years				
	DISEASES OR CONDITIONS, if only, grise to the obove couse (A) sloting UNDERLYING CONDITION lost.	iving DUE TO, OR AS The	A CONSEQUENCE OF:	V					
		(\ /							
TION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A)								
RTIFICA	DISEASE OR CONDITION GIVEN IN PART I (A). 19 A. DATE OF OPERATION WAS PERFORMED		20A. AUTOPSY? (Yes or No	20B. IF YES, WERE FINDING IN CERTIFYING CAUSES O	SS CONSIDERED F DEATH?				
CAL CE	OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, of etc.)	n or obout 21 C. WHERE DID INJURY OCCUR?	(If in Boltimore City, q	give exoct locotion)				
MEDI	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21E. HOW DID INJURY OCCUR?								
	22. I certify that (I) (this hospital) attended the deceased from april 7 197 to april 30 1972, that (I) (we) last saw the deceased alive an april 30 1972 and that in (my) (our) opinion death accurred on the date								
	and haur and from the causes stated abave. (1) (We) (did) (did not) view the bady after death.								
	23A. SIGNATURE 23B. DATE SIGNED 24 30/22								
	23C. PHYSICIAN'S NAME TO WEL LEUT	DEGNEE	6/AI PARK H	FOTS AUE. BY	ALTO MD 2/2/5				
24	A. BURIAL CREMATION, REMOVAL (Specify) BURIAL 5-1-72	AC. NAME of CEMETERY OF CRI SHOMREI MISHMERI		DALE, MARYLAND	n, or county) (Stote)				
25	A. DATE REC'D BY HEALTH DEPT. 258. NA	ME OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS				
1	150-REV, 1/1/68	Ray Mar O O O			ISTERSTOWN ROAD				

ON PROPERTY AND ALL AND SALE HANDESTRANCE OF THE

DOCK ROLLY

SHOWER SEPTEMBER SOMEWAR, TANKOUSE

MARRIED IN HOO. HISE & MOSITY IL ATE.

VS 151-REV. 1/1/6B

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DEALYMAN . HUNGERS

MULTAN AND TOTAL STRANGE THE

SOL LEVINSON S 1889. LOLD PHISTORY

IMPORTANT

DIRECTOR:

FUNERAL

2. DATE AND HOUR OF DEATH 4.29.72 4. USUAL RESIDENCE (Where deceased lived, It institution: residence A. STATE

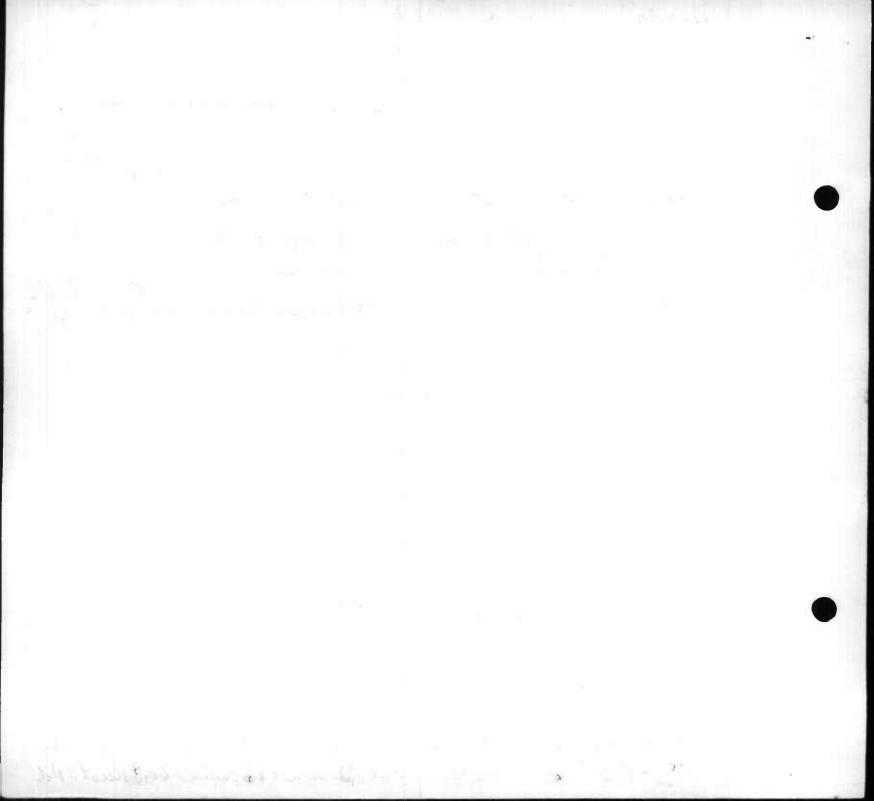
B. COUNTY D. INSIDE CITY LIMITS? YES 🗌 NO 9. AGE (In veors Il Under 1 Y. . Il Under 24 Hrs. Months! Doys Hours! Min. 12, CITIZEN OF WHAT COUNTRY? USA ADDRESS MR. MICHAEL COHN. 7014 PARK HEIGHTS AVE. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH IMMEI) SARCOMA 20B IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (Il In Boltimore City, give exact location) 21F. HOW DID INJURY OCCUR? and that in (my) (our) opinion death accurred on the date 23B. DATE SIGNED , 29.77 (City, town, or county) BALTIMORE, MARYLAND ADDRESS SQL LEVINSON & BROS., 6010 REISTERSTOWN ROAD VS 150-REV. 1/1/68

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E WHITE WIDOWED DIVORCED MAY 1, 1906 CCUPATION (Give kind of wark 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State ar loreign coult of working life, even if relired) HEALTH DEPT. BALTIMORE, MD. 14. MOTHER'S MAIDEN NAME NAM	D. INSII GTREET (In yaors hdoy) 55 c/o MD. 1	If Under 1 Y Months Doys 12. CITIZEN O USA NAT BAN	NO I If Under 24 Hrs. Min. DF WHAT COUNTRY						
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(B) DUE TO, OR AS A CONSEQUENCE OF: The above cause (A) stoting the condition last. (C) DUE TO, OR AS A CONSEQUENCE OF:			p=000000000000000000000000000000000000						
ING CONDITION last. (C)			******************						
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THE THE PARTY OF T	CUR?								
		- /							
22. 1 certify that (1) (this hospital) attended the deceased from 1975 to 1975 to 1972									
that (1) (was) last saw the deceased alive on 19 arch 30 19 72 and that in (my) (out) apinion death occurred on the									
and from the causes stated abave. (1) (We) (did) (did not) view the bady after death.		23 B. DATE, SIG	NED						
Attending Med. Director Phys.	1	4/29							
CIAN'S 23D. ADDRESS E (Type)	-								
PHILIP FLYNN 11 E. CHASE ST									
CREMATION, 24B. DATE 24C.NAME of CEMETERY OF CREMATORY 24D. LOCATIC	REET								
L 4-30-72 BALTIMORE HEBREW BALTIMO		ly, town, ar cou	ntyJ (State)						

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		RE CITY HEALTH DEPARTMENT
Die die	BIRTH NO. CERTI	FICATE OF DEATH REG. NO. 12 11 196
i antideath death eased n the Such	1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH
0 0 -	BURNCHE WOUTS MAIN	Mail 29, 1972 1135 m. M.
hospit ise of (5) De ance death	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived, II institution: residence before odmission) A. STATE B. COUNTY
hospi use o (5) D ance deat	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STRI ADDRESS OR LOCATION)	BET GEORGIA CHILLY DOLL HO
caus caus use; (s tenda	INSTITUTION	D. INSIDE CITY LIMITS?
ng caus	SINAL HOSPITAL OF BALTIMORE"	E. STREET AND NUMBER
D.E. L & 9		3200 LENNY ROOM NE ant 220
- 2 0 D	5. SEX 6. RACE 7. MARRIED NEVER MARRI	IED B. DATE OF BIRTH 9. AGE (In years If Under 1 1/4 If Under 24 Hrs.
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To to to	10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR IN done during most of working life, even il retired)	DUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	Home wife at Home	Battimore, Mrd. 08A
if decret or (4) Und was the d	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
nt if direc l; (4) th w n th dispe	Michael Scher	menne
0 0 0	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO	17. INFORMANT N.E ADDRESS Offante
ssiss the the de de ince	20	Dr. Merrill Berman 1344 Kittredge Ct
ar Cabr	18. 4 / O. O. I CAUSE OF	DEATH ADDROVINA VOID VOID
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dical rrns; rsicia was main	(C)	
B.B.E.S. > E	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
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tal by sy (2) B here t No phy before	U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJUR OR CONTRIBUTING CAUSE OF home, form, foctory, s	IY (e.g., in or obout 21C. WHERE DID (If In Boltimore City, give exoct location)
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T 00 "	that (1) (we) last saw the deceased alive an APRIL 29	19 to
	and haur and fram the causes stated abave. (1) (We) (dld) (dld	not) view the hady after death
death)	23A. SIGNATURE	23& DATE SIGNED
2 9 5 5 5	and by the war	Attending Med. Shoff A 29 72
0 - 0 >	23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS
ificate m y was religional 1) An acc).A. at a b d prior to approval	HELTOR LOPEZ, JE MJ	DEGREE
certificat sody was vs: (1) An D.O.A. at assed pric	24A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY	of CREMATORY 24D. LOCATION (City, town, or county) (Stote)
ws: D.C.	Bural april 30/72 miles Kale	wh Both Israe Baltimase, marylane
This certification of the body shows: (1) was D.O. deceased written a	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C FUNERAL DIRECTOR
	MAY 2 - MIC Marie C. Mariot (1)	DOS JUNGON & BOOK ANG- 6010 Keest - Pd
	/\$ 150-REV. 1/1/68	

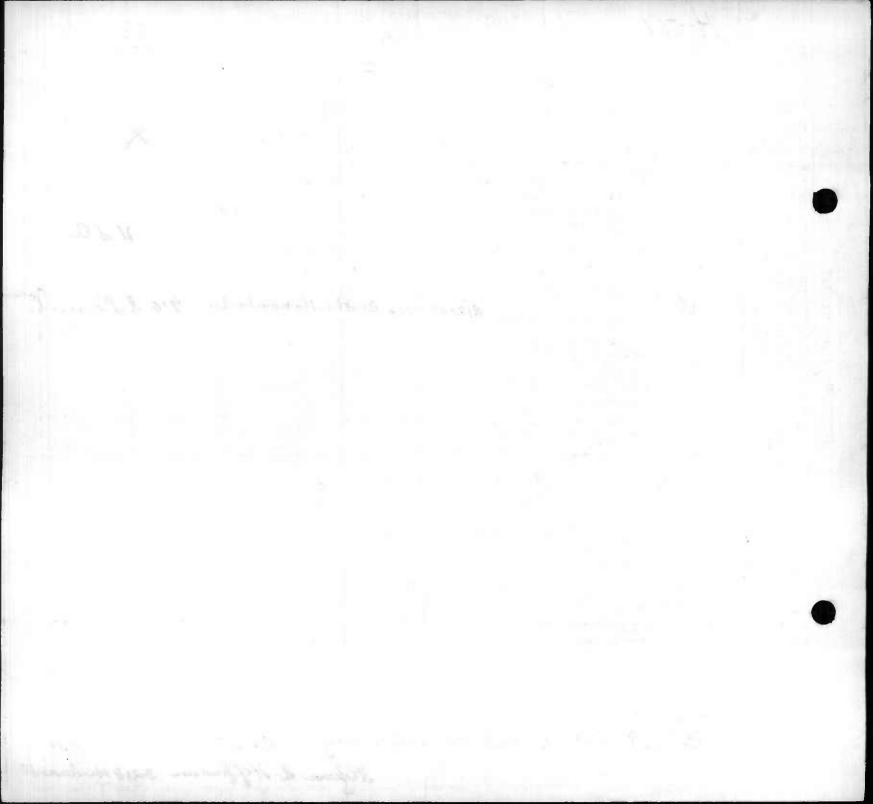


VS 151-REV, 3/1/68

Mc (ully Funeral Homes 130 E. Fort Ave.

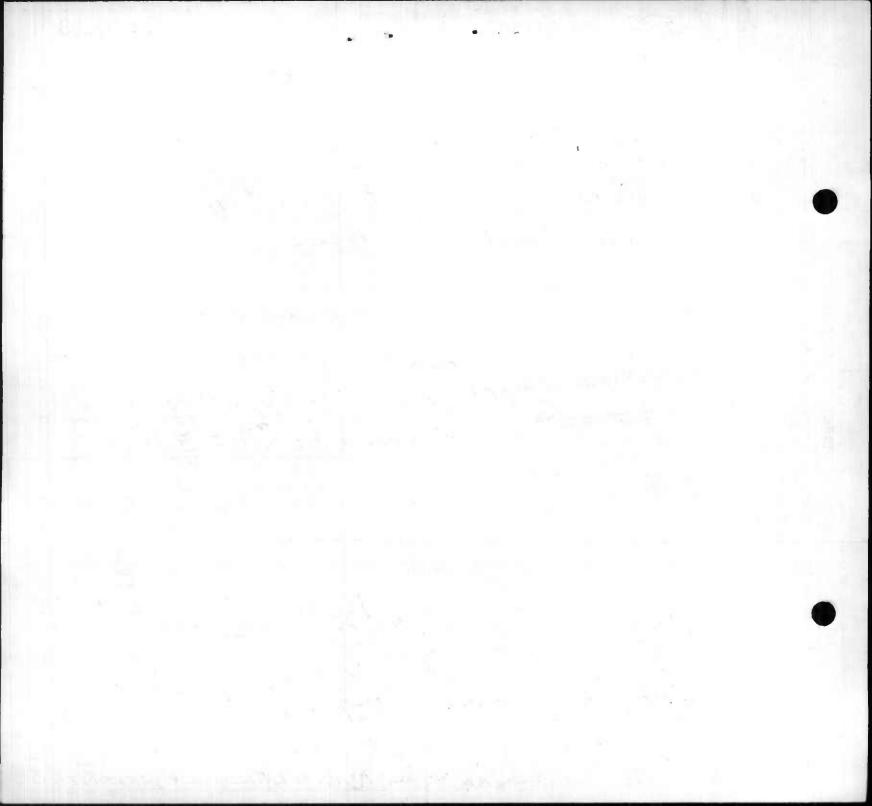
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0 0 0 6	3. PLAC	E IN BALTIM	ORE MARY	LAND. W	HERE PRONC	MR. SE	PHN	4. USU	A PR	ere deceased liv	red. If instit	tution: residence	before admission
ospit (e of 5) De nce								A. STAT	E B. COU	NTY	reas in misji	ionon. Testaence	/ A /
T 2 0 0	FULL N.	LOR	(IF NOT I	OR LOCA	L OR INSTITUTION)	TUTION, GIVE S	TREET	CCITY	ORTOWN)	0 10151BE	C. C	01
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ng ng cau	10	HURE	A H	DME	4 H	BSPITAL	/		ET AND NUMBER		<u> </u>	23/1	140
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occur ontrib ermin regul eased is ma	M		W		WIDOWED		RCED	3 -	19-93	79			
	done durir	AL OCCUPA g most of work	TION (Give king life, even	ind of work if retired)	108 KIND O	F BUSINESS OR	INDUSTRY	11. BIRTI	IPLACE (State or Co.	eign country)			WHAT COUNTRY?
or condition	RE	TIRET						,	PENHSYL	OAKIA		21.8.	α .
D _ D D D S	11	ER'S NAME						14. MOT	HER'S MAIDEN NA	ME			-
	26	tarles	HAR	9MER	BACHE	R		0	LARA DA	NE15			
stant ind; eath e on	15. Wos I	ynknown) (II	r in U. S. /	med Forc	es?		NO	17. INFO	RMANT ,	. 1		ADDRE	ss. ave
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5 4 7 D D .	18.	111	2.44				OF DEATH		1			APPRO	XIMATE INTERVAL
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ttur.	heor	foilure, osti ar camplic	ienio, elc.	Il meons	the disease	DUE	TO, OR AS	CONSE	QUENCE OF:	13.14. C An	he)		
miner. fractu o pro gular emba	,		ECEDENT		000111.7		Mylli	Suns	who and	Words		igs.	
A f A f A f Vh Vh	DISE	ASES OR			ny. aivina	(B)			QUENCE OF:				
(3) (3) in	nse	to the operations	bove cau	se (A)	stoling the								
	ONL	PERCIING C	NOITIGN	lost,		(c)							
Bill IS ≯ E	OTHE	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING											
m me y bu	A DISE	HE DEATH BI USE OR COND	IT NOT REL	N IN PART	E TERMINAL	*********			******				*********
chief r a m Body the p the p ysicio	OI TO	DATE OF OP	ERATION	WAS PERFO	ITION FOR	WHICH OPERAT	ION	20A.	AUTOPSY? (Yes of N	o) 20B, IF YES,	WERE FIN	DINGS CONSIL	DERED
by a 2) Bod 2) Bod re the physic fore th	21A	ACCIDENT V	VAS UNDE	RIVING	1216	PLACE OF INI	IIIPV (a.a. ia	at about	21C WHERE DID				
キーショ す	. OR C	ACCIDENT V ONTRIBUTIN H (notify med	G CAUSI	E O F	hor	ne, form, foctory	, street, of	ice bldg.,	21C. WHERE DID	hi in	bollimore C	lity, give exoct le	ocotion)
hospita nature; ept whe d (6) No			onth) (Doy			INJURY OCCU	IPPED		21F. HOW DID IN	IIIBY OCCUM			
hosp natur ept w d (6)	OF IN	IJURY			W	ile At 🖂	Not While At Work		The state of the s	JORI OCCORI			
he he hand			/1\ /ab:=	hanniani\	144.0	he deceased t		<u> </u>	(L	19 72 to		. 70	73
g + 50 %		(I) (we) los				11	29	19	./		4	27	19_/2_
0 9 5 7									body ofter death.	not in (my) (a	ur, opinio	n deoth occu	rred on the date
		IGNATURE	in the coo	362 21016	d dudyes (i) (ne) (ala) (d	ald not) V	ew the	body offer death.		123	B, DATE SIGNE	D
2 0 .= 5 0	1	10.00	Honn	v h		M	D Atter	ding _	Med.	Staff		4-2	9/72
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EXECTE !	24A. BUR	AL CREMAT	ION, 248.	DATE	24C.N	AME el CEMET	DEGREE	MATORY	N BROLDU	OCATION	(City.	town, or county	(Slote)
P 0	13	ecua ispeci	E 5	3-72	Oa	h Law	n) Cer	nete	ry K	ralto	•		md
M S M S	25A. DAT	E RES'DAY	HEALTH	EPF) n	BANAME	OF REGISTRAR		25C.	FUNERAL DIRECTO	R- (AA		ADD	RESS
the shoot shoot was		41 % -	BH Z	J56-6294		TO CO	3 17	The	Pina a.	Hoffma	im	3218 N	versnote
	VS 150-R	V. 1/1/68			7 7	e du	-	7 .		*			



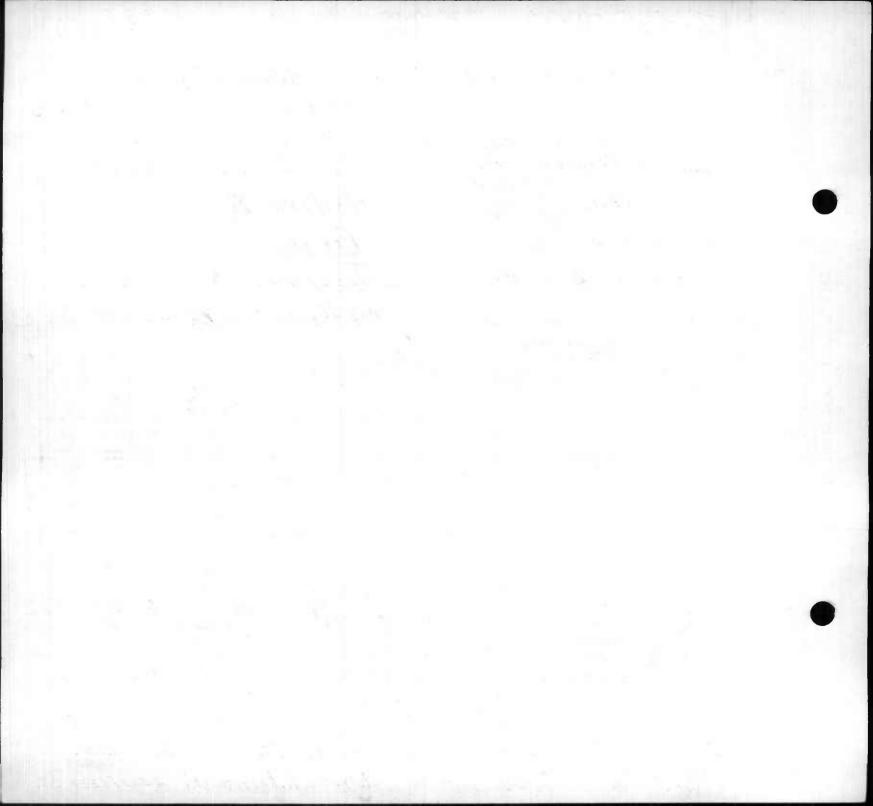
(5) Deceased 0 Such LO hospital death. of attendance COUSE cause; 0 prior contributing occurred Undetermined made in regular deceased death disposition 0 MOS the (4) eath 0 kind; final attendance any pronounced Or Also, of embalmed fracture the chief medical examiner examiner. ular who 8 10 Gre 4 3 physician before the remains MOS medical burns; No physician An accident of any nature; (2) Body the 0 where dy was released to the hospital obtained 9 approved (except and death); Pe hospital must 40 approval 0 prior 9 was D.O.A. deceased the body written shows:

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type at Print) 4. USUAL RESIDENCE (Where deceased lived. It institution: residence before admission) 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD B. COUNTY FULL NAME OF HOSPITAL OR INSTITUTION MARYLAND (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C. CITY OR TOWN D. INSIDE CITY LIMITS? ALTIMORE YES 4 NO E. STREET AND NUMBER 2440 FLEET 5. SEX 7. MARRIED NEVER MARRIED 9. AGE (In years 8. DATE OF BIRTH If Under 1 Yr. Months; Days If Under 24 His. MALE WIDOWED DIVORCED EB. 15, 1888 84 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE IState or foreign country dane during most of warking life, even if retired) 12. CITIZEN OF WHAT COUNTRY? OLAND 13. FATHER'S NAME 4. MOTHER'S MAIDEN NAME 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) [If yes, give wor or dotes of service) 6. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. NO Binkowski 2440 FLEE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH SE OR CONDITION DIRECTLY character mean the mode of the character with the character which constitution which constitutions dying, e.g., DUE TO, OR AS A CONSEQUENCE OF ANTECHUENT CAUSES DISEASEST OF DEPARTMENT OF GIVING rise to the above cause (a) stating the UNDERLYING CONDITION JOSL 11 CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 194 DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION 20A-AUTOPSY? (Yes or No) 20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218 PLACE OF INJURY le.g., in or obout 21C, WHERE DID hame, farm, foctory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) MEDICAL DEATH (notify medical examined 21 D. TIME OF INJURY (Year) IMonth) (Year) Houd 21 E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While At Not While (APPROX.) Work At Work 22. I sartify that (i) (this hospital) attended the deceased from we) last sow the deceased alive an and that (h(my) Your) apinian death accurred an the date and haur and from the causes stated above (1) (We) (did (did not)) view the bady after death. 23A. SIGNATURE Hending Med. Director 23CYPHYSICIANS 23D. ADDRESS DEGREE 24A. BURIAL CREMATION, CEMETERY OF CREMATORY 24D. LOCATION REMOVAL ISpecify ST. STANISLAUS (72 EMETERY 25A. DATE REC'D BY HEALTH DEPT. LOKACZOROWSK: VS 150-REV. 1/1/68



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the viite annious must be obtained before the remained or find disposition; is and

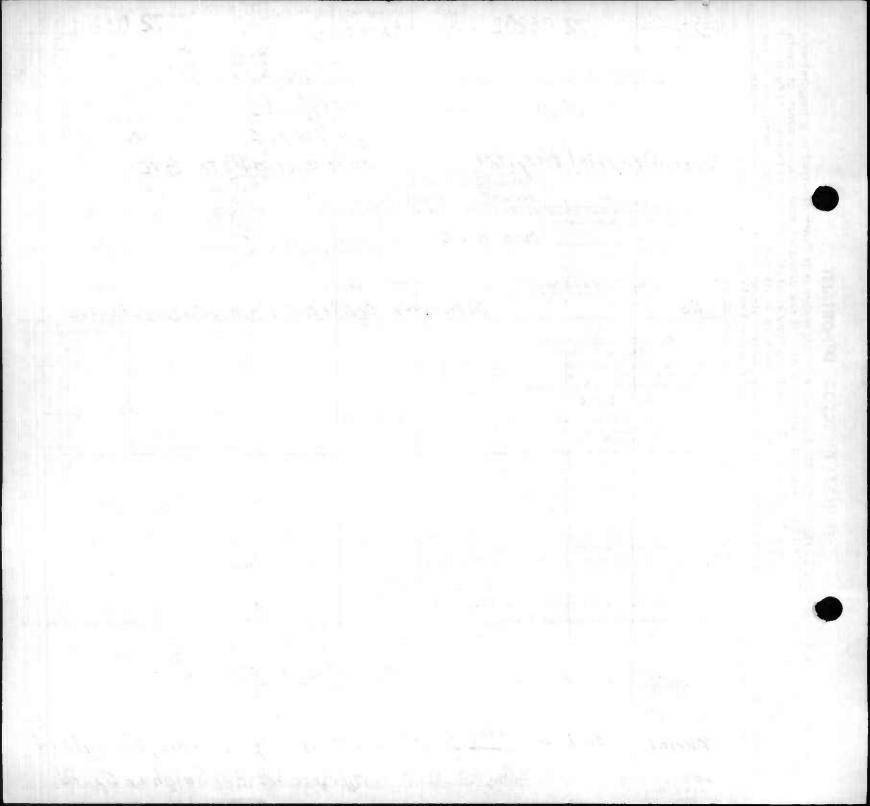
	7-262 72 04200	BALTIMORE CITY	HEALTH DEPARTMENT		70 (1000
	BIRTH NO.	CERTIFICAT	TE OF DEATH	REG. NO.	72 04200
	(Type or Print)	1	2. DATE AN	D HOUR OF DEATH	
	STANISLAWA LA	KRZEWSI	KI APRI	1 25 19:	721 M
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUN	CED DEAD	4. USUAL RESIDENCE (When	deceased lived. If institu	ution: residence before odmission)
	FULL NAME OF UF NOT IN HOSPITAL OF INSTITUTE	ON CIVE STREET	MARYLAN		107
	HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)	JN, GIVE SIKEEI	C. CITY OR TOWN		100
	525 So. Rose		BALTINA		CITY LIMITS?
		DIREET	E. STREET AND NUMBER	ICE YE	NO NO
•	GALTIMORE M.	D.	525 So.	Para ()	
ad					REET
E	Francis Lilli		ILL OF BIKIN	AGE (In years III	Under 1 Yr. If Under 24 Hrs.
2	EMALE WHITE WIDOWED	DIVORCED	T/28//89/	80	
	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BU	SINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	n country)	2. CITIZEN OF WHAT COUNTRY?
10	HOMEMAKER		Palada		
S	13. FATHER'S NAME	1	4. MOTHER'S MAIDEN NAM	F	
disposition	T., X			4/.	- ,
5	JOHN DEMBOWSKI		JOSEPHINE	NIDZE	ORSKI
5	15. Was Deceased Ever in U. S. Armed Forces? (Yes, na or unknown) (If yes, give wor or dates of service)	SOCIAL SECURITY NO.	7. INFORMANT	4	ADDRESS
2	1/0		MRS. ALVERA H	RZYBYLOWIC,	- 1500 1/
L	18.	CAUSE OF DEATH	MAS. ALVERA 1	RZYBILOWIC,	APPROXIMATE INTERVAL
0	DISEASE OR CONDITION DIRECTLY	al.	200		BETWEEN ONSET AND DEATH
0	LEADING TO DEATH	Len	HS((//		20 cma +
	(This does not mean the mode of dying, e.g.,	(A) IMMEDIATE CAUS	CONSEQUENCE OF:		20401
0	heart lailure, asthenio, etc. II meons the disease, injury or complication which coused death.)	11)	CONSEGUENCE OF:	- 1	
Ē	ANTECEDENT CAUSES	/ A	Tim Heat	- La /1.0	
0	DISSASS OF COMPUTATIONS	DUE TO OR AS A	VUIL MOOCH	raceur	
6	rise la lhe above couse (A) slaling the	DOE TO GRASA	CONSEQUENCE OF:		
2	UNDERLYING CONDITION last.	(C)	74-04-14-4-1-4-1-4-1-4-1-4-1-4-1-4-1-4-1-		
5		0 11	0 /	•	
	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	Ban . Hat	El al	Aug	
6	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	ins and	racius, CM	ouc	
Ě	19A. DATE OF OPERATION 19B. CONDITION FOR WHILE	CH OFERATION	20A. AUTOPSY? (Yes or No.	208, IF YES, WERE FIND	INGS CONSIDERED
0				IN CERTIFYING CAUSES	OF DEATH?
2	OR CONTENTING CAUSE OF	CE OF INJURY (e.g., In	or obout 21 C. WHERE DID	(if In Bollimore Cit	y, give exoct locotion)
	DEATH (notify medical examiner)	and locioly, sheet the	ic singly introduced by		
5		URY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
	(APPROX) While A	Not While			
2	Work	L At Work		1	4
0	22. I certify that (1) (this hospital) attended the d	eceosed from	7 19	to	7-15 19/2
9	that (1) (we) lost sow the deceased office on	3-27	19/2ond that	In (my) (our) opinion	deoth occurred on the dote
	and hour and from the couses stated above (1)(W	e) (did) (did not) vie	w the body ofter death.		
	23A. SIGNATURE			23 B	DATE SIGNED
	I headore I New	Attend	ling C Med. S	roff	t-26-77
3	23C-PHYSICIAN'S	DEGREE Phys.	D. ADDRESS	198	1-0012
2	NAME Hypel	/ 3.	120 00	1. M	7
2	24A BURIAL CREMATION IN THE POPULATION OF THE PO	Subrance	729 H (erle H	21231
3	24A. BURIAL CREMATION, 24B. DATE 24C NAME	OF GEMETERY OF CREM	ATORY 24D. LOC	ATION (City, to	wn, or county) (Stote)
5	19URIAL 428/72 5.	TANISHALL	clem Bel	TiMORE Co.	MD
	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF RI	EGISTRAR ACL	25C FUNERAL DIRECTOR	11110106 (01	ADDRESS
	MAY 2 - 1972 Pale & Jak .	ha0 -		riparich: 2	525FLEET ST.
	VS 150-REV, 1/1/68		G. J. S. A. S. W. W. G.	KOKUWSI(I or	-43/LEE/ 3/.



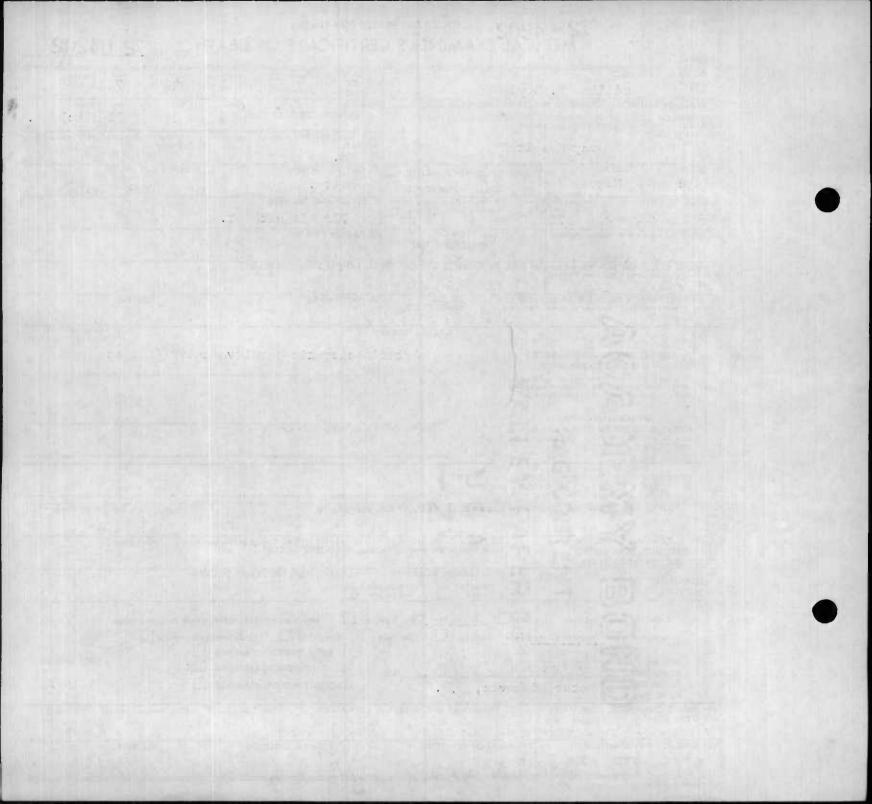
pital and of death Such Deceased HO a hospital death. attendance (4) Undetermined cause; (5) contributing cause 0 prior in regular mad deceased disposition is 00 Was the assistant if death HO kind; or final attendance dny pronounced embalmed fracture of regular who GLO E physician the remains the chief medical Was burns; No physician (2) Body the 8 before where the hospital any nature; obtained 9 approved (except death); and 0 99 of hospital was released must accident 0 approval 8 deceased prior ā (I) An was D.O.A. the body written shows:

VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT 72 04201 CERTIFICATE OF DEATH I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) Gibbs GATART 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution: FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C. CITY OR TOWN D. INSIDE CITY LIMITS? YES X NO E. STREET AND NUMBER Ynion Memorial Hospita 3530 BUENO 6. RACE B. DATE OF BIRTH MARRIED NEVER MARRIED 9. AGE (In years Il Under 1 Yr. If Under 24 Hrs. Hours ost birthdoy WIDOWED DIVORCED 10A USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) House West AMERICAN 13. FATHER'S NAME 4. MOTHER'S MAIDEN NAME Charles (Yes, no or unknown) (If yes, give war ar dotes of service) MABE 17. INFORMANT EWIS 6. SOCIAL ADDRESS SECURITY NO. No 8-20-6444 CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIATE CAUSE 1This does not mean the mode of dying, e.g., DUE TO. OR AS A CONSEQUENCE OF: heart failure, asthenia, etc. It means the disease, injury ar complication which caused death.) ANTECEDENT CAUSES (B)_______DUE TO, OR AS A CONSEQUENCE OF: DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION
APPLATE OF OPERATION
APPLATED TO THE PROPERTY OF THE PR 20A-AUTOPSYS (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 100 2) delasance 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If In Boltlmore City, give exoct location) MEDICAL DEATH (notify medical examined (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY Not While While At (APPROX) Work At Work 22. I certify that (I) (this hospital) attended the deceased fram.... 19 19 that (i) (we) last saw the deceased alive an __19__ and that in(my) (aur) opinion deoth occurred an the date and have and from the causes stated above. (1) (We) (did) (did not) view the body after death. 23A. SIGNATURE 23B DATE SIGNED Attending | Has HID Med. Phys. Director 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS 228. E. university 24A. BURIAL CREMATION, REMOVAL (Specify) DEGREE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION town, or county) CEM 25B. NAME OF REGISTRAR

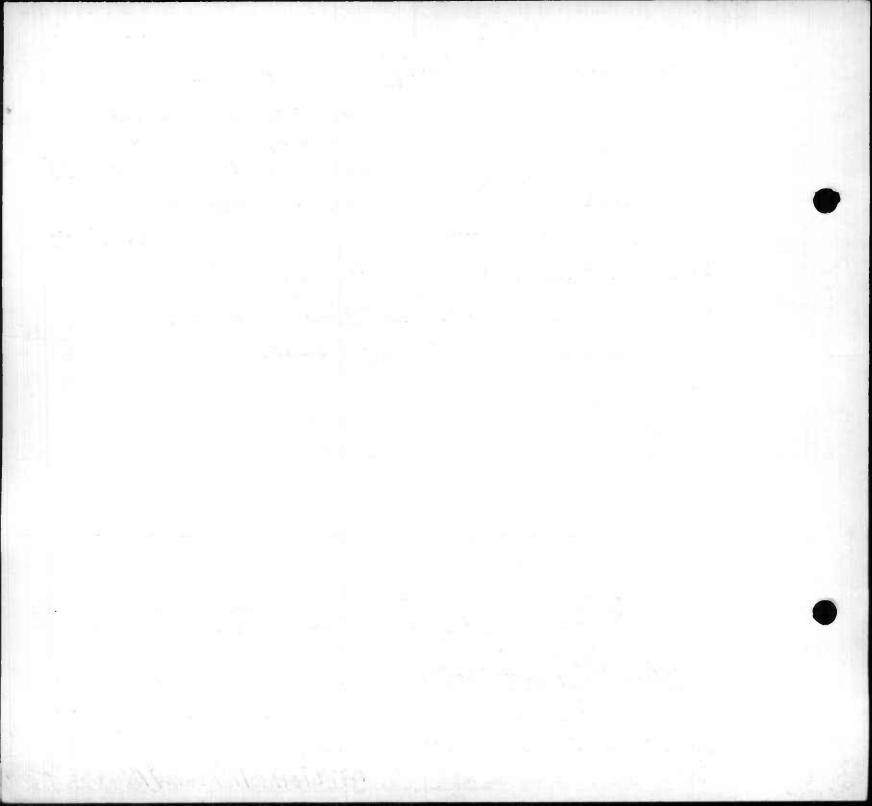


R-20	2 72 0	4202 BALTIMORE CITY HE	ALTH DEPARTMENT CERTIFICATE OF DEAT	
0 50	MED	DICAL EXAMINER'S (CERTIFICATE OF DEAT	H _{REG. NO.} 72 04202
I. NAME OF DEC				
(Type or Print)	William P.	Royd	2. DATE Known De Month OF Estimoted 4	28 Yeor Hour
4. PLACE IN BAL		WHERE PRONOUNCED DEAD	3. DATE Month	Doy Year Hour
FULL NAME OF HOSPITAL OR INSTITUTION		AL OR INSTITUTION, GIVE STREET	PRONOUNCED DEAD 4	28 72 10:30 a.
37	Mercy Hos	spital	5. USUAL RESIDENCE (Where deceased in A. STATE Md.	B. COUNTY
6. SEX	7. RACE	B. MARRIED NEVER MARRIED	C. CITY OR TOWN	D. INSIDE CITY LIMITS?
male	Negro	WIDOWED DIVORCED	Balto.	YES NO
9. DATE OF BIRTH	lost birthdo		F. STREET AND NUMBER 715 Aisquith St.	
11. BIRTHPLACE (S	tote or loreign country)	12. CITIZEN OF	13. FATHER'S NAME	. 1
14A.USUAL OCCU	PAHON (Give kind of work	148. KIND OF BUSINESS OR INDUSTR	15. MOTHER'S MAIDEN NAME	
done dyring mast of w	orking lile, even il retired)	Rott Steel	00	
IO. WAS DECEASI	ED EVER IN U.S. ARMEI	D FORCES? 17. SOCIAL	18. INFORMANT	ADDRESS
(Tes, no of vinknown)	(II yes, give wor or dotes	ol service) SECURITY NO.	Ismuel Itale :-	1505 Kendiel Que
19.	24.	CAUSE OF DEA	TH	APPROXIMATE INTERVAL
DISEASI	E OR CONDITION DIRE	CTIV A t		BETWEEN ONSET AND DEAT
	LEADING TO DEATH		riosclerotic cardiovaso	cular disease
(This does no	ot mean the mode of dy	(A)IMMEDIATE O	AS A CONSEQUENCE OF:	
injury or com	plication which caused de	oth.)		
AA AA	NTECEDENT CAUSES	(0)		
f I	R CONDITIONS, IF AN	Y, GIVING DUE TO, OR	AS A CONSEQUENCE OF:	
II I UNDERLYIN	IG CONDITION LAST.			
<u> </u>	11	(C)		
I O THE DEA	IFICANT CONDITIONS CONTINUES TO CONTINUES TO CONTINUES OF THE CONTINUES OF	THE TERMINAL		
20A. DATE OF		NDITION FOR WHICH OPERATION WA	AS PERFORMED	21. AUTOPSY? (Yes or No)
디디				no
UNDERLYING	NAL CAUSE WAS	22B.PLACE OF INJURY(e.g., home, form, foctory, street, office	in or obout 22C, WHERE DID (If in Boltimore bldg., etc.) INJURY OCCUR?	
≥ 22D. TIME (USE OF DEATH. Month) (Doy) (Year	r) (Hour) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCU	IR?
OF INJURY (APPROX.)		WHILE AT NOT	WHILE	
23.		m. WORK L AT W	ORK U	
1 certi	fy that I held on I	nquiry Inspection 🖾 Au	topsy ond that on this basis,	death in my opinion
result	ed from: Natural cou	ses 🔀 Accident 🗌 Suicid		ned manner
0071141	T	11. 112	CHIEF MEDICAL EXAMINER	
ACTUAL SIGNATU	IRE	MUNILL M.D	ASSISTANT MEDICAL EXAMINER	MX DATE SIGNED
EXAMINE NAME (T)	R'S Peter	Zipkovic, M.D.	ASSOCIATE MEDICAL EXAMINER	4/28/72
24A. BURIAL CREN REMOYAL (Specific	AATION, 248. DATE	24C. NAME of CEMETERY	or CREMATORY 24D. LOCATION	(City, lown, or county) (Stole)
Buri	5-3	-721 allet	Mem tack 11.1-	to NA
25 A. DATE REC'D	BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS .
MAY 2 -	1972 00 61	R.C. ba	Welton E. Elich	En-1129N (erthan)
VS 151-REV. 1/1/68		7 2 2 2 3 1 1 1		1



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1	M-2	45	72	042)U3			TH DEPARTMENT		REG. NO.	17:) (\d	203
	TH NO.			UYA	.00	CERTIFIC	AIE	OF DEATH		KEG. 140,_	- / /	- 113	
	Pe or Print)	CEASED	/	. 11.		(1:11)			AND HOU		н	, ,,,,,,,	
3.	PLACE IN BA	LTIMORE, MAI	RYLAND, W	HERE PRO	NOUNC	ED DEAD	4. US A. ST	UAL RESIDENCE (W	Here deceos	72 sed lived. If	institution;	residence	before odmission)
II HO	ILL NAME OF	(IF NOT ADDRES	IN HOSPITA	AL OR IN	OITUTITS	N, GIVE STREET	c. cfi	Mysland V ORTOWN	Gen	D. IN	ZUN L ISIDE CITY	LIMITS?	5 200.
6	rood.	Samas	utan	Hos	pite	26	E STE	EET AND NUMBER	md.		YES 🔽	<u> </u>	NO 🗆
	7-5						8	23 Hechs	Rd.			20	794
5.	E	6. RACE	1.			VEVER MARRIED	8. DAT	E OF BIRTH	9. AGE		II Und Months	or 1 Yr.	If Under 24 Hrs. Hours Min.
104	LUSUAL OCC	DEA CA	kind of work	WIDOW		DIVORCED L	J 4	25-00 THPLACE (State of 6	72	2	120.00		1
don	e during most o	working life, eve	n if retired)		-		N. DIR	1 / State of t	oreign count	ty)	150		WHAT COUNTRY?
13.	FATHER'S NA	vije					14 44	Va.			12	1.1	. a.
	12	0	D				Z	THER'S MAIDEN N	/	7			
15.	Wos Decease	Ever In U. S.	Armed Ford	RAY	116.	SOCIAL	17 INE	DRMANT	e)	*		45555	
(Ye	s, no or unknow	(If yes, give	wor or dotes	of service	:e)	SECURITY NO.	IV. INF	A CO -	40	9		ADDRE	22
-1	118.				21	7-05-977.	3 <u>/</u> /	kelliam	1/1/c	Lean	20-		
	10	SE OR COND	ITION DIR	ECTLY				10 11					ONSET AND DEATH
		LEADING TO	DEATH			(A) IMMEDIATE C	AUSED	bladde	4			24	ears.
	heart failure,	not meon the asthenio, etc. nplication whi	. it means	the disec	150,	DUE TO, OR	AS A CONS	EQUENCE OF:				-	
		ANTECEDENT											
	DISEASES	OR CONDITIO	ONS, if a	ny, giv	ing	(B)DUE TO, OR	AS A CON	SEQUENCE OF:					
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ERTI	()		WAS PERF	ORMED						YES WERE	AUSES OF	DEATH?	
CAL	OR CONTRIBI	NT WAS UND UTING CAU medical exam	ERLYING [] SE OF Iner)	- 1	218, PLAC home, far etc.)	CE OF INJURY (e.g	office bldg	INJURY OCCUR?		(If In Boltime	ore City, gir	ve exact lo	cotion)
	21 D. TIME OF INJURY	1Month) (Do	y) (Yeor)			RY OCCURRED		21 F. HOW DID 1	NJURY OC	CU R7			
<	(APPROX.)				While At Wark	Not W	hile 🔲	-					
							4-21	2-	1972	to 2	7 ans	ul	1972
		lost saw the								() (our) op	inion dec	th occur	red on the dote
			uses state	d abave	. (1) We	(did) (did not	view the	body after death					
	23A. SIGNATU	IRE IO	0.)		, _		ttending	- u	s. // -		23 B, DA	TE SIGNE	D
	236. PHYSICIA NAME II	m U	/al	best	17	n UDEGREE P	123D. AD	Med. Director	Staff Phys.		270	cons	072
	Toh	m D I	alke	tor	M	0	56	1 1 1	Rave	BIV	J R	alta	Md.
24A	BURIAL CRE	MATION, 248. Specily)	DATE	24C	NAME	OF CEMETERY OF	REMATOR		LOCATION		ity, town,	or county)	(Stote)
25A	Suria	e 5	-2-7	21	ni.	Calvan	1 Con	neley (1. U.	Lau	nly	17	ne _
23A	MAY 2		Roberts	E Ja	_	CD ()	250	FUNERAL DIRECTO	Edin	Ksol	311	24%	HESS GARAGES
VS 1	150-REV. 1/1/	68							11.0	/			- TELLIA



SALTIMORE CITY HEALTH DEPARTMENT

72 (42)4

BII	RTH NO.	REG. NO.
1.	NAME OF DECEASED	2. DATE Known Manth Day Year Hour
(1 _A	ne or Print) NATHANIEL JONES	OF DEATH Estimated \(\text{Stimated} \)
4	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Year Hour
	LL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	DOCALCULA CER DEAD
HC	OSPITAL ADDRESS OR LOCATION)	
	CINSTIDION	5. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission) A. STATE 8. COUNTY
	TO St. Agnes Hospital	Md. 2004
6.	SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
		Balto.
11	male negro WIDOWED DIVORCED DATE OF BIRTH 10.AGE (In years # Under 1 Yr. If Under 24 Hrs.	TES NO
1	Months Days Hours Min.	E. STREET AND NUMBER 2518 Emerson Avenue St.
K.	74970-171 31	QUI O O MISTORIA
111.	BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME
	BALTO 1913 WHAT COUNTRY?	(IRCANDO JONES
	A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTRY	15. MOTHER'S MAIDEN NAME
dor	De Juring most of working life, even if retired)	I TEANUNE LIGSING
4	WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	
(Ye	is, no or unknown) (If yes, give war ar dotes of service) SECURITY NO.	FLANOR LONG 2518 ADDRESS
	NO	TERMONE JOHN 2310 AMOUNT
	19. CAUSE OF DEA	APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
	DISEASE OR CONDITION DIRECTLY Crar	io-cerebral injuries
	LEADING TO DEATH	
	(A)IMMEDIATE C	AUSE S A CONSEQUENCE OF:
	heort foilure, asthenio, etc. It means the disease, injury or camplication which caused death.)	S A CONSEQUENCE OF.
	injury or complication which coosed death.	
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5-9-1972 - Letter from the Office of the Chief Medical Examiner, Russell S. Fisher, M.D. Chief Medical Examiner

HRS

5-16-1972 - Notification from Medical Examiner's office - 2518 Emerson St. is correct address.

HRS

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DIRT	72 04205	CERTIFICA	TE OF DEATH	REG. NO	72 0420	U
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3. Pl	LACE IN BALTIMORE, MARYLAND, WHERE PRONOUNC	ED DEAD	April	deceased lived If	institution: residence	before admission
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	2600 Liberty Height		E. STREET AND NUMBER		152 [7]	·0 🗆
-	Baltimore, Md. 2121			C+		
SE			8. DATE OF BIRTH	AGE (In years	I If Under 1 Ye.	II Under 24 Hrs
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VS 151-REV. 1/	11/6B 1 7	171	i	1 600		27					

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7-10-1972 - Completion of cause of death on a pending medical examiner death certificate.

Charles S. Springate, M.D.

HRS

BALTIMORE	CITY	HEALTH	DEPARTA	IFN

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72 (4207	CERTIFIC A	TE OF DEATH	REG. NO.	C (1207
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3. PLACE IN SALTIMORE, MARYLAND, WHERE PRO	ONOUNCED DEAD	4. USUAL RESIDENCE (Where A. STATE B. COUNT	deceased lived. Il insti	ilulion: residence belore admission)
FULL NAME OF (IF NOT IN HOSPITAL OR IN HOSPITAL OR ADDRESS OR LOCATION)	ISTITUTION, GIVE STREET	Maryland C, CITY OR TOWN		E CITY LIMITS?
Bolton Hell Nursing and Con	walescent Center	Baltimore E. STREET AND NUMBER		YES NO
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5. SEX 6. RACE 7. MARK	RIED NEVER MARRIED	8. DATE OF BIRTH 9		Il Under 1 Yr. Il Under 24 Hrs. Manths Doys Hours Min.
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IOA. USUAL OCCUPATION (Give kind of work IOB, KIN) done during most of working life, even if retired)	O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or loreig	n country)	12. CITIZEN OF WHAT COUNTRY
Cook Do	mestre	Vergina	Charlotteville	United States
		14. MOTHER'S MAIDEN NAM	I.E	
Unknown 15. Was Deceased Ever in U. S. Armed Forces?	II 6. SOCIAL	Unknown		ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of servi	security No.		1 1/1	ADDRESS
118.	CAUSE OF DEATH	Chartat Bod	ton fell	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY				BETWEEN ONSET AND DEATH
LEADING TO DEATH	(A) IMMEDIATE CAU		77	Dava
iThis does not mean the mode of dying, heart failure, asthenia, etc. It means the dise injury or complication which caused death.)	e.g., DUE TO, OR AS A	CONSEQUENCE OF:		7
ANTECEDENT CAUSES	C.1/A	H D 14110	/	7 m 1/1
DISEASES OR CONDITIONS, if any, given	ving (B) C / A	A CONSEQUENCE OF:	niplegia	~ Months
rise to the obove cause (A) stating UNDERLYING CONDITION last.	(c)			
	(0/			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).				***************************************
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION F WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	20B, IF YES, WERE FIN IN CERTIFYING CAUS	IDINGS CONSIDERED
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH Inality medical examines	21 B. PLACE OF INJURY (e.g., in hame, farm, faciary, street, oll etc.)	or obout 21 C. WHERE DID	(II In Boltimore (City, give exact location)
OF INJURY (Manth) (Doy) (Year) (Hour)	21E INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
APPROX.)	While At Not While Nork At Work			
22. I certify that (1) (this hospital) attende		pril 11 19	7210 apr	al 30 1972
that-(i) (we) last sow the deceased alive	on april 30	19 <u>72</u> and that	f in (my) (our) opinio	on death occurred on the dote
and hour and from the causes stoted abave	e. (l) (We) (did) (did not) vi	ew the body after death.		
23A. SIGNATURE	Atter	nding Med. S	et action and	3B, DATE SIGNED
23C. PHYSICIANS	DEGREE Phys.	Director P	hys.	april 30, 1972
PETER H. RHEINSTEIN	MA	BOL 1111	n 1/	
24A. BURIAL CREMATION, 24B. DATE 240	DEGREE OF CEMETERY OF CRE	MATORY 24D. LO	CATION CCITY,	town, or county) (State)
Bural 5-4-72	Western Ster	6me Po	net -	mel
	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	WITE!	ADDRESS ST
VS 150-REV. 1/1/68		The Market	May 1 1	101. downer

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VS 151-REV. 1/1/6B

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MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BIRTH NO.	MEDICAL	LAMMINER 3 C	LKIIICAIL	OI DEAT	REG. NO.		
1. NAME OF DECEASED			2. DATE Known X	Month	Doy	Yeor Hour	
(Type or Print) LENARD (L	EONARD) G	REEN JR.	OF DEATH Estimolec	□ April	28, 1972		М.
4. PLACE IN BALTIMORE, MAR			3. DATE	Month	Doy	Yeor Hour	191.
FULL NAME OF (IF NOT	IN HOSPITAL OR INSTI	TUTION, GIVE STREET	PRONOUNCED DEA	D April 2	28, 1972	9:06	P _M
OR INSTITUTO ADDRES	S OR LOCATION)	MENDED	5. USUAL RESIDENCE (
CERTIFIC	AIL	MENDER	A. STATE		B. COUNTY	12/	0)
Maryland Genera		7 7 6000	Marylar	ıa	D. INSIDE CITY	HMITS?	- collect
		ED X NEVER MARRIED				-	
Male Negro	WIDOWI	If Under 1 Yr. If Under 24 Hrs.	Baltimore E. STREET AND NUMB	ED	YES	NO L	
	lost birthdov)	Months Doys Hours Min.					
Aug 16, 1923	48	- 6777511 05	2331 Linde	en Ave.			
11, BIRTHPLACE (State or loreign	country)	2. CITIZEN OF WHAI COUNTRY?	13. FATHER'S NAME				
Baltimore, Md.		U. S. A.	Leonard Gi	reen, Sr.			
14A.USUAL OCCUPATION (Give	kind of work 148. KIND in ifretired)	OF BUSINESS OR INDUSTRY	115. MOTHER'S MAIDEN	INAME			
			Gladys Br	idgeforth			
16. WAS DECEASED EVER IN L (Yes, no or unknown) (If yes, give w		17. SOCIAL SECURITY NO.	18. INFORMANT		ADD	RESS	
	-1946	217-12-3832	Mrs. Cather	rine Green	n 2331	Linden Ave	nue
19.		CAUSE OF DEA				APPROXIMATE IN	MIERVAL
DISEASE OR CONDI	TION DIRECTLY						
LEADING TO		Arterioscler	cotic cardiova	ascular di	Lsease		
(This does not mean the r			AS A CONSEQUENCE OF:				
injury or complication which	coused death.)						
ANTECEDENT O	ALICEC	(4)					
DISEASES OR CONDITIO	NS, IF ANY, GIVING	DUE TO, OR	AS A CONSEQUENCE OF				m on 40 or 40 or 40 or 60 m m s
RISE TO THE ABOVE CAU	ISE (A) STATING THE						
2		(C)					
OTHER SIGNIFICANT CON	II DITIONS CONTRIBUTI	NG					
OTHER SIGNIFICANT CON TO THE DEATH BUT NOT DISEASE OR CONDITION OF THE OF OPERATION OF THE	RELATED TO THE TERMII	Chronic Chronic	Pulmonary er	nphysema			
20 A. DATE OF OPERATION		OR WHICH OPERATION WA	AS PERFORMED	736	12	21. AUTOPSY? (Yes	or No)
Ü						Yes	
22A. EXTERNAL CAUSE V	NAS 12	2B. PLACE OF INJURY(e.g.,	in or about 22C WHERE	DID /// in Boltimo			
UNDERLYING OR CONT	RIB-	nome, form, foctory, street, olfice	bldg., etc.) INJURY OCC	UR?		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
UTING CAUSE OF DEAT	TH. oy) (Yeor) (Hour	22E.INJURY OCCURRED	22F HOWD	ID INJURY OCCI	102		
OF INJURY (APPROX.)	077 (1801) (1100)		WHILE	ib iivioki. Occi	JK!		
23.		m. WORK LAT W	ORK [
I certify that I he	eld an Inquiry	Inspection Au	tapsy X and that	an this basis,	death in my as	oinian	
resulted fram: No		Accident Suicid			ned-manner		
resorted fidm. Tel		Scridelli 🗖 Soleto		CAL EXAMINER			
ACTUAL (rance J.	July mate	ASSISTANT MED		$\overline{\mathbb{X}}$	DATE SIG	NED
SIGNATURE	90005	- Journal M.D	•			4-29-72	
EXAMINER'S NAME (Type) Cha	rles S. Spr	ingate, M.D.	ASSOCIATE MED	ICAL EXAMINER		4-23-12	
(7)	48. DATE	24C. NAME of CEMETERY	or CREMATORY	24D. LOCATION	(City, town,	or county) (Sta	ote)
REMOVAL (Specify)	E 2 72						
Burial	5-2-72	Mount Aubur			nore, Mar		
25A. DATE REC'D BY HEALTH D	25B. NA	AME OF REGISTRAR	25C. FUNERAL D			DRESS	
WILL W -	LE ABBOTE C	ANDRY MY	Morton & C	yett F.	H. 1701 L	aurens St.	

7-18-1972 - Letter from the Office of the Chief Medical Examiner
Charles S. Springate, M.D.
Assistant Medical Examiner

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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased D was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE	CITY	HEALTH	DEPARTMENT	

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REG.	NO.	12		.31	- 400	, ,

BIRTH NO.	CERTIFICA	TE OF DEATH	REG. NO.	
I. NAME OF DECEASED		2. DATE AN	D HOUR OF DEATH	
Strains Enle	Wildy	GOP	il 30, 1972	18'55 P
3. PLACE IN BALTIMORE MARYLAND, WHERE PRO	NOUNCED DEAD	A. STATE B. COUN	e deceased lived. It institution	residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)	STITUTION, GIVE STREET	1832 W. S c. CITY OR TOWN	Daramoo 57	YLIMITS?
9		Rallimar	e YES	NO
2 9 111 11		E. STREET AND NUMBER	1	
TROUGHAIT MOSPITAL		1830 W. S	aratego St	
5. SEX 6. RACE 7. MARR WIDOW	TED NEVER MARRIED DIVORCED DIVORCED	1 . ~ 10.0	9. AGE (In years II Ur lost birthday) Mont	nder I Yr. If Under 24 Hrs. hs Doys Hours Min.
10A USUAL OCCUPATION (Give kind of work 10B KINE		11-15-1912	on country) 112.C	TIZEN OF WHAT COUNTRY?
done during most of working life, even if retired)	LOOK	1 .1 /	(USAI
13. FATHER'S NAME	LOOK	M. ROINIA, L.	ANCASTEV 1	MARYTON
0/1/2/1/		1	, ,	
5. Was Deceased Ever in U. S. Armed Torces?	II 6. SOCIAL	17. INFORMANT	howis	ADDRESS
5. Was Deceased Ever in U. S. Armed forces? Yes, no or unknown) (If yes, give was or object of services)				
118. // A	CAUSE OF DEAT	Mary Wildy (Sis	ter) 1832 W. Sa	ratoga St.
DISEASE OR CONDITION DIRECTLY	CAUSE OF DEATH	n		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
LEADING TO DEATH	A. A. BALAPDIA TO CAL	er Ronal 2	vilure	7 days
(This does not mean the mode of dying, a heart failure, asthenia, etc. It means the diser injury or camplication which caused death.)	DUE TO, OR AS	ISE Renal J A CONSEQUENCE OF:	***************************************	-
ANTECEDENT CAUSES	D	Lest me	01-	
DISEASES OR CONDITIONS, if any, giv	ing (8) DUE TO, OR AS	Lectis melle A CONSEQUENCE OF:	wy	10 95
rise to the above cause (A) staling	the ear	alind arter		und
UNDERLYING CONDITION last	(c) runu	mys asie	wyco	Con one
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19B CONDITION FOR WAS PERFORMED 21A, ACCIDENT WAS UNDERLYING	NG	12		
DISEASE OR CONDITION GIVEN IN PART 1 (A).		20A. AUTOPSY? (Yes or No)	208. IF YES. WERE FINDING	OS CONSIDERED
WAS PERFORMED		No	IN CERTIFYING CAUSES O	F DEATH?
U 21A. ACCIDENT WAS UNDERLYING OR CONTUBUTING CAUSE OF DEATH (notify medical examines)	21B PLACE OF INJURY le.g., it home, form, loctory, street of etc.)	n or obout 21C. WHERE DID	(if in Boltimore City, s	give exact location)
O 21D. TIME (Month) (Doy) (Year) (Hour)	21E INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
E OF INJURY	While At Not While At Work	• [
22. I certify that (I) (this hospital) attende			9 72 to April 30	10 70
that (I) (we) lost saw the deceased olive of		7.0		7
		Possession V medicality-representative 1174	it in(my) (our) opintan de	eath occurred on the date
ond haur and from the causes stated above	1) (me) (ala) (ala not) v	lew the body ofter death.	1228 0	ATE SIGNED
		nding Med.		ALC STORED
23 C. PHY SI CIAN'S	DEGREE Phys	Director L 1	Stoff Phys. Ma	y 1, 1972
NAME (Type)	M. D			4
DR. G. BANFIELD 24A-BURIAL CREMATION, 24B. DATE 124C	DEGREE C. NAME OF CEMETERY OF CRE	770	OSPITAL, BALT.	or county) (Stole)
REMOVAL (Specify)	206-+ 11	0, 4	it mal	/ 1310161
MUVIA 12 7-12 1-	TRULIUS Wer	n ss. dr	1110, 11	- Las
SA. DATE REC'D BY HEALTH DEPT. 258, NAN	AE OF REGISTRAR	122C PLINEDAL DIDECASE		
258. DATE REC'D BY HEALTH DEPT. 258. NAN	AE OF REGISTRAR	29C. FUNERAL DIRECTOR	Just F. H	MOI - NOUVER

BALTIMORE CITY HEALTH DEPARTMENT

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MEDICAL	EXAMINER'S	CEPTIFICATE	OF DEATH
MILDICAL	CYAMIIAEKO	CERTIFICATE	OF DEATH.

BIRTH	NO.		MILD	ICA	/	CAMILITER 5	LKIII	CAIL	. Or	DEATI	REG.	NO			
1. NA	ME OF DEC	EASED	LEROY	BARI	PD	ID.	2. DATE	Knows	Z.	Month	Day	,	Year	Hour	
						JR.	DEATH	Estimo	oted 🔲	April	30,	1972			M.
FULL N	AME OF	(IF NO		LORINS		UNCED DEAD ON, GIVE STREET	3. DATE PRON	DUNCED D	EAD	Month April	30.	1972	Yeor	3:10	А. м.
OR INS	NOITUTIT		Memoria		sni	tal (DOA)	5. USUAL A. STATE	RESIDENC	E (Where	deceased liv		tulion: resid	Jence be	fore admi	ssion)
4 CEV	7	107						Mary]	and				1	15	5
6. SEX	_	7. RACE			_	NEVER MARRIED	C. CITY O				D. INSIE	E CITY LIA	AITS?		
Ma	E OF BIRTH	Negr		WIDOV				Balti				YES	N	<u> </u>	
	-3-34		10. AGE (In los) birthdox 38	yeors	Month	der f Yr. If Under 24 Hrs. By Days Hours Min.	E. SIKEEI	2415		osa Av	enue				
11. BIR	THPLACE (S	tate ar forei				TIZEN OF	13. FATHE	R'S NAME	псын	osa Av	enue				
Ba	altimo	re, Ma	ryland		Á	HAT COUNTRY?				Barber,	Sr.				
done du	UAL OCCUP	ATION (Gi	ve kind of work i	4B. KINE	OF B	USINESS OR INDUSTR	15. MOTH	ER'S MAID	EN NAM	NE					
								Lilli	an Ba	arber					
Id. WA	S DECEASE	D EVER IN	U.S. ARMED	FORCES f service	5?	17. SOCIAL SECURITY NO.	18. INFO	THAM				ADDRE	SS		
Yes			1968	Con Son		213-26-9279	Mrs.	Elnora	Bark	per 2	2415	Hermos	sa A	venue	
19.	57	7:10	0			CAUSE OF DEA	TH							OXIMATE IN	
			OMON DIREC	TLY		Acu	te hem	orrhag	gic p.	ancrea	titis				
		EADING TO	O DEATH mode of dyl			(A)IMMEDIATE									
	heart fallure,	osthenia, etc	c. It means the Ich coused dea	disease.		DUE TO, OR	S A CONSE	QUENCE OF	Fe						
	injury or com	prication with	ich consed den	in. j											
	AN	ITECEDENT	CAUSES			(8)									
	RISE TO THE	ABOYE CA	ONS, IF ANY	GIVING ING THE		DUE TO, OR	AS A CONS	EQUENCE C	DF:						
2	UNDERLYIN	G CONDII	ION LAST.			(c)									
Ĕ	OTHER SIGNI	EICANT CO	II NDITIONS CO	AITDIDI	TIMO										
2	TO THE DEA	TH BUT NO	TRELATED TO	THE TERM	INAL										
₩ 20A						HICH OPERATION W	S PERFOR	MED				[21	AUTOR	Y? (Yes o	r No.
	2)						W I EKI OK	MCD.				21.		es	1110)
₹ 22A	EXTERN	IAL CAUSE	WAS		22B. PL	ACE OF INJURY(e.g.,	In or about	22C. WHER	E DID (f in Baltimore	Cltv. alv	e evert loca		es	
	IDERLYING				home,	ACE OF INJURY(e.g., form, loctory, street, office	bldg., etc.)	INJURY O	CUR?		only, giv	5 5.00 100 <u>0</u>			
	INJURY	Month) ([Doy) (Year)	(Hou		LINJURY OCCURRED		22F. HOW	DID INJ	URY OCCU	R?				
(AF	PROX.)				m. W	RK NOT	WHILE D								
23.					7										
		fy that I h		quiry			opsy X	-	_	is basis, c			on		
	result	ed from: N	loturol cour	es A	Ac	cident Suicid	• L H	lomicide L		ndetermin	ed mann	er _			
	ACTUAL	(1)	1 1	b	2	1: -		CHIEF ME			븟		D	ATE SIGN	VED
	SIGNATU	RE	Charles	0.	Cnd	surgace M.D	•	ISTANT ME			K.		0.0		
	EXAMINE NAME (Ty	(pe)	GHarres		opr.	ingate, M.D.	ASS	OCIATE ME	DICAL E	CAMINER [April	30,	19/2	
24A. BE	URIAL CREM	ATION,	248. DATE		24C.	NAME of CEMETERY	or CREMAT	ORY	24D, L	OCATION	(City,	town, or co	ounty)	(Sto	(e)
	urial		5-4-72		1	Maryland Nat				Laure	. Ma	ryland	d		
25A. D.	MAY 2	- 10/	Pober	258, N	AME C	F REGISTRAR	25C.	FUNERAL 701 La	urens		t. B	ADDRES	Md.	_	
VS 151.	REV. 1/1/68			7 #	-	7 11 94 7	1110	7	- Jye	- Tuile	, a i	rolles	, 111		

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rect or contributing cause of death (4) Undetermined cause; (5) Deceased occurred in regular deceased death Was or his assistant if death attendance fracture of any pronounced who (3) A physician chief medical a medical any nature; (2) Body burns; No physician the where the body was released to the hospital by 9 approved (except

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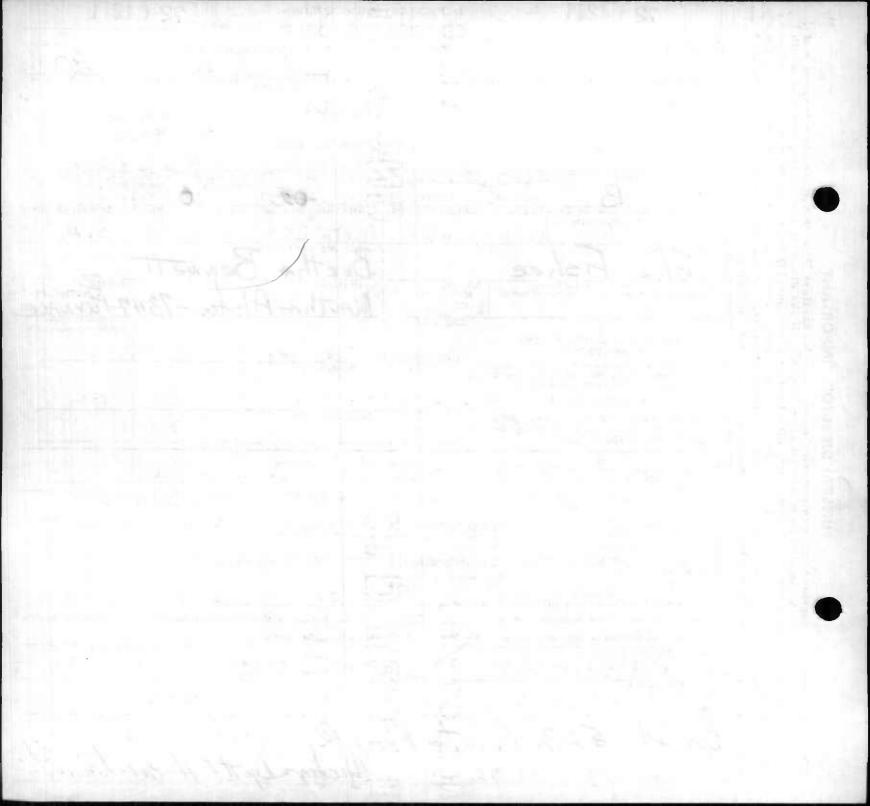
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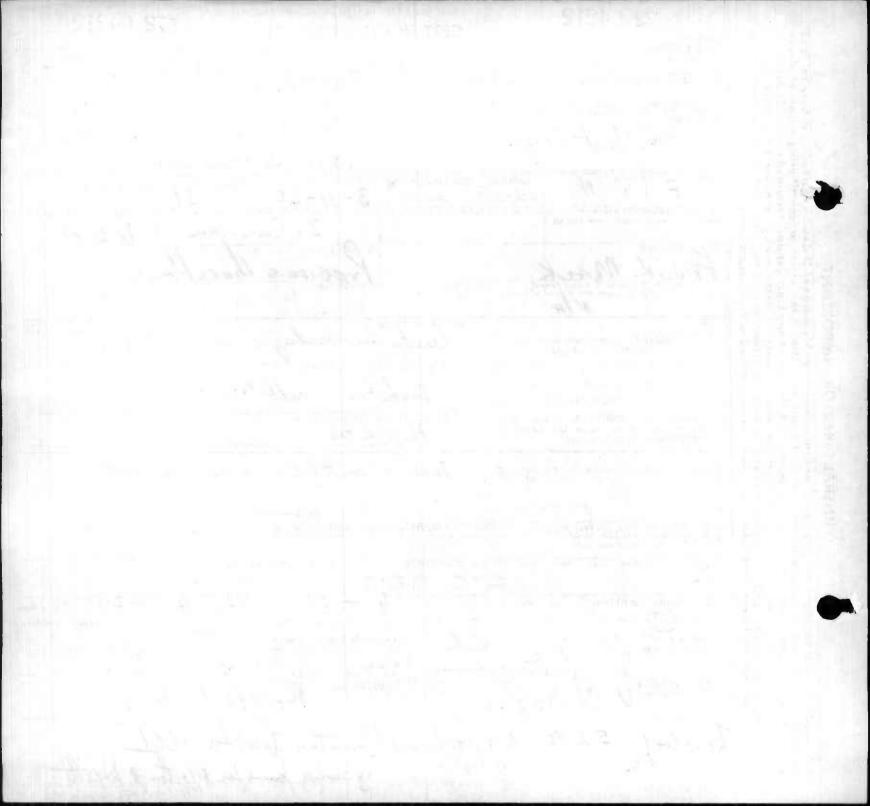
hospital

BALTIMORE CITY HEALTH DEPARTMENT REG. NO. CERTIFICATE OF DEATH BIRTH NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 4. USUAL RESIDENCE (Where deceased lived. If institutions residence before admission) 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSMTAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C. CITY OR TOWN D. INSIDE CITY LIMITS? rouldent Hospital Complex YES N NO E. STREET AND NUMBER Bate mam 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months! Days Hours Min. 5. SEX 6. RACE 8. DATE OF BIRTH 7- MARRIED NEVER MARRIED DIVORCED | WIDOWED 10A USUAL OCCUPATION (Give kind of workings, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE ISlate of foreign country 12 CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Memph 4-MOTHER'S MAIDEN NAME 13. FATHER'S NAME 17. INFORMANT 15. Was Deceased Ever is U. S. Armed Ferces? (Yes, no or unknown! (If yes, give war or dates of service) 6. SOCIAL SECURITY NO. CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY cho preumoura LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. it means the disease, injury or complication which caused death.) DUE TO, OR AS A CONSEQUENCE OF HASCUD ANTECEDENT CAUSES DUE TO, OR AS A CONSEQUENCE OF: DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stating the UNDERLYING CONDITION last e h CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20% IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A DATE OF OPERATION 19E CONDITION FOR WHICH OPERATION WAS PERFORMED 20 A. AUTOPSY? (Yes or No) 218 PLACE OF INJURY le.g., in or obout 21C. WHERE DID home, form, factory, street, office bldg, INJURY OCCUR? etc.) OR CONTRIBUTING CAUSE OF (II in Boltimore City, give exoct location) MEDICAL DEATH (notify medical examined 21D. TIME (Houd 21F. HOW DID INJURY OCCUR? (Month) (Doy) (Year) 21E INJURY OCCURRED Not While While At (APPROX.) At Work Work 22. I certify that (1) (this hospital) attended the deceased from and that in (my) (our) opinion dooth occurred on the dote that (1) (we) last sow the deceased alive on. and hour and from the couses stated above. (1) (We) (did) (did not) view the body ofter death. 23A. SIGNATUR 238 DATE SIGNED Attending | 4/281 Med. Director Phys. approval 23D. ADDRESS 23C. PHYSICIAN'S NAME (Type) 2360 Garrison Blud DEGREE 24N BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY OF CREMATORY (Stole) 24D. LOCATION (City, town, or county) decease 51 250 FUNERAL DIRECTOR 25A. DATE REC'D BY HEALTH DEPT. 258, NAME OF REGISTRAR



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	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death) and (6) No physician was in regular attendance on the deceased prior to death. Such deceased prior to death)
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72 04212 BALT	MORE CITY HEALTH DEPARTMENT
BIRTH NO.	RTIFICATE OF DEATH REG. NO. 12 14212
(Type of Print) Dixon Rusy	MAC ROWN 29 72 4 10 A
3. PLACE IN BALTIMORE, MARTLAND, WHERE PROHOUNCED DEA	D 4. USUAL RESIDENCE (Where deceased lived If institution: residence before admission) A. STATE B. GOUNTY
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE ADDRESS OR LOCATION!	C. CITY OR TOWN 1 D. INSIDE CITY LIMITS?
- Provident Hoep.	Baltimore YES & NO
39	1531 Clifton ave
WIDOWED DIV	AARRIED 8. DATE OF BIRTH 9. AGE (in yeors 37 If Under 1 Yr. If Under 24 Hrs. Months: Days Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS (done during most of working life, even if refired)	DR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL (Tes, no or unknown) 11 yes, give war or pales at service) SECURIT	17 CCIDUS HINES MAYCH
((Tes, na or unknown) (It yes, give war at dates at service) SECURIT	Ernesting Nlack 1531 Clifton Me
W 20.7	E OF DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	lente hemorrhagie pancreatités.
(This does not moun the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	JE 10, OR AS A CONSEQUENCE OF:
injury or complication which caused death.)	Diabetes mellitus.
DISEASES OR CONDITIONS, if any, giving	JE TO, OR AS A CONSEQUENCE OF:
rise to the above cause (A) stating the UNDERLYING CONDITION last,	Hepatitis
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	oxic & metabolic enceptalopathy
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 198-DATE OF OPERATION 198 CONDITION FOR WHICH OPER WAS PERFORMED 21A, ACCIDENT WAS UNDERLYING 121R PLACE OF I	ATION 20A-AUTOPSY? (Yes of No.) 20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	NJURY (e.g., in or obout 21 C. WHERE DID (If in Boltimore City, give exact location) ory, street office bidg., INJURY OCCUR?
OF INJURY OF	The state of the s
(APPROX) While At	Not While At Work
22. I certify that (1) (this hospital) attended the deceased that (1) (we) just saw the deceased glive on	
and hour and fram the causes stated above. (I) (We) (Bid)	and that intmy/ Aut/ opinion death accurred an the date
23A. SIGNATURE C. O.	23B, DATE SIGNED
4. Chitaple	Attending Med. Staff A -29 - 72 Director Phys.
23C. PHYSICIANS NAME (Type) V. Chitraplee	23D. ADDRESS Provident Hogo
KEMOVAL ISPACITY	ETERY or CREMATORY 24D. LOCATION (City, to my or county) (Stote)
25A. DATE ACCOUNT HE 1972 ET GOBE & LANG OF REGISTER	25C. SUNERAL DIRECTOR ADDRESS A
VS 150-REV. 1/1/68	Marcha former for Morlow of Wyll



F-432

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. 14213

BIRTH NO.								KEG. NO.			
NAME OF DEC					2. DATE	Known 2	Month	Day	Year	Hour	
Type or Print)	Isaic Fl	etcher	(Is	aac)	OF DEATH	Estimated	4	27	72		М.
. PLACE IN BAL	IMORE, MARYL	AND, WHERE P	RONOUN	CED DEAD	3. DATE		Month	Doy	Year	Haur	141,
ULL NAME OF	(IF NOT IN	HOSPITAL OR INS	TITUTION,	SIVE STREET	PRONOU	NCED DEAD	4	27	72	5:05	Pem.
RINSTITUTION	Police	Boat #1	999		5. USUAL RE	SIDENCE (Where					ion)
nn off					A. STATE			B. COUNTY)	COR")
. SEX	Hawkins 7. RACE		ura 🗆		Md .			D. INSIDE CI	TV LIMITS?	849	-
				EVER MARRIED				D, INSIDE CI	T LIMITS!		
male	Negro	WIDOV		DIVORCED L	Bal			YI	s 🔲	ио 📙	
DATE OF BIRTH		AGE (In years birthdoy)		Yr. If Under 24 Hrs.	E. SIREEI A	ND NUMBER					
	940	31	1			2 Ferndal	e Aven	ue			
I. BIRTHPLACE (S	tate ar fareign ca	untry)	12. CITIZ	EN OF COUNTRY?	13. FATHER'S	NAME					
ockingham	. North	Carolina		S.A.	Isa	ac Fletch	er				
A.USUAL OCCU	ATION (Give kind	al work 148. KIN	OF BUSI	NESS OR INDUSTRY							
and dorning most of w	orking me, even in		Faur	ment Oper.	Loi	s Hinton					
. WAS DECEASE		ARMED FORCE	5? 17.	SOCIAL	18. INFORM			Al	DDRESS		
es, na or unknown)	6.1	r dates of service		SECURITY NO.		M = * -	e1	20	00 5		
19.	No		410	-36-8490 CAUSE OF DEA		Mariam	Fletch	er 30	UZ Fer	ndale /	ERVAL
0	72.011.20	2							BETW	EEN ONSET AN	D DEATH
1	OR CONDITIO			Dr	owning						
	EADING TO DEA			(A) IMMEDIATE C							
heart failure,	asthenio, etc. It m	eans the disease,		DUE TO, OR A	AS A CONSEQU	JENCE OF:					
miory at cam	plication which can	sed deoin.)									
	ITECEDENT CAU			(B)							
DISEASES C	ABOVE CAUSE	IF ANY, GIVING		(B) DUE TO, OR	AS A CONSEQ	UENCE OF:					
UNDERLYIN	G CONDITION	LAST.									
<u> </u>				(c)							
OTHER SIGN	IFICANT CONDITI	ONS CONTRIBU	ING								
2 TO THE DEA	TH BUT NOT RELA	TED TO THE TERM	INAL								
				CH OPERATION WA	S PERFORME	D.			21 AUTO	Sy? (Yes or	No
5	A				o i chi ohiii				1		1107
C 22A. EXTERI	AL CAUSE WAS		228 BL 4 C	C OF 1411110V/					ye	S	
V =	OR CONTRIB		home, farm	E OF INJURY (e.g., , factory, street, alfice LIA TED	bldg., etc.) IN	TORY OCCURS V	ear ti	n of We	ctlocation) st Sid	e of	
	JSE OF DEATH.		40	WAILK					00 010	01	-
OF INJURY	Manth) (Day)	72 4:2	<i>i</i>	JURY OCCURRED	22	F. HOW DID IN			. 4	30	Service .
(APPROX.)	4 27	72 4;2	m. WHILE	AT W	WHILE S	ubject wa	s in b	oat whi	ch ove	rturne	d.
23.		-	_								12.0
l certi	fy that I held	on Inquiry	lns	pection Au	topsy XX	and that on th	is basis,	deoth In my	opinion		
result	ed from: Notur	ol couses	Accide	nex Suicid	e Hon	nicide 🔲 🗆 L	Indetermin	ed monner]		
		1 // .	-		CI	HIEF MEDICAL EX	CAMINER				
SIGNATU	DE X	elle	M	lle M.D	ASSIS	TANT MEDICAL EX	AMINER X	X		DATE SIGN	ED
EXAMINE		de Talen	1	/ /		LATE MEDICAL EX	AMINER		4	/28/72	
NAME (T	(pe) FEL	er Lipkor	/1C, M	I.D.	2300	HALL MEDICAL LA	CONTRACT !				
AA. BURIAL CREM	ATION, 248.	DATE	24C. NA	ME of CEMETERY	or CREMATOR	Y 24D. L	OCATION	(City, town	or county)	(Stote)
EMOVAL (Specifical		1-72	Anh	utus Memor	ial David	,	Da14:				
SA. DATE RECED		1 - / 4						nore, Ma		1	
MAYZ	13/2	Cobert E.	a been	REGIETRAR		INERAL DIRECTO			DRESS		
					Mor	ton & Dye	tt F. I	H. 1701	Laure	ns St.	
151-REV. 1/1/68		1 52 11	112			9 8					

receining, marks rolling ALCOHOLD BEEF IN ידון י - ו- ייד אינידון און אינידון און אינידון און אינידון און אינידון אינידון אינידון אינידון אינידון אינידון entin Edyste I. W. Will Education 1.

	contributing cause of death stermined cause, (5) Deceased regular attendance on the ceased prior to death. Such is made.
DR: IMPORTANT	iner or his assistant if deat ner. Also, if the direct or acture of any kind; (4) Und pronounced death was in plar attendance on the de nbalmed or final dispositio
FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
	This certificate must be appropriate body was released to the shows: (1) An accident of any was D.O.A. at a hospital (exideceased prior to death); an written approval must be obt

12 142 4	RTIFICATE OF DEATH REG, NO. 72 04214
I. NAME OF DECEASED	2. DATE AND HOUR OF DEATH
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEA	5 - 1 - 72 7.35 a, M. D 4. USUAL RESIDENCE (Whore deceased lived, If institution: tesidence before admission)
	A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?
4-6	BAITIMORE YES IN NO
11.71/2011	E. STREET AND NUMBER
LUTHERAN HOSPITAL OF MD	1109 POPLAR GROVE ST.
	ARRIED 8. DATE OF BIRTH 9. AGE (in years lost birthdoy) ORCED 7.5-13 Nonces 11 Under 1 Yr., 11 Under 24 Hisa Months: Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS O	
done during most of working life, even it retired) SKilled worker	7/0RIDA 4.5.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Frank Popson	Kizzie Delaughter
15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL (Yes,na ar unknown) (II yas, give war or dates of service) SECURIT	17. INFORMANT
	Henry Mar Dopson same
	E OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Multiple stycloma with
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. if means the disease, injury or complication which caused death.)	Multiple style on a with MEDIATE CAUSE JE TO, OR AS A CONSEQUENCE OF: bone matasbasis
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, if any, giving	E TO, OR AS A CONSEQUENCE OF:
nise to the abave cause (A) stating the UNDERLYING CONDITION last, (C)	
11	***************************************
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19R CONDITION FOR WHICH OPER WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 1	
19A DATE OF OPERATION 19R CONDITION FOR WHICH OPER	ATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF home, form, facto	NJURY (e.g., in or about 21C, WHERE DID (If in Boltimore City, give exact lacotion) ry, street, office bidg., INJURY OCCUR?
Q 21D. TIME (Month) (Doy) (Year) (Hour) 21E INJURY OC	CURRED 21F. HOW DID INJURY OCCUR?
(APPROX.) While AI	Not While At Work
22. I certify that (I) (this hospital) attended the deceased	from 4-10 - 1972 to 5 - / 1972
that (I) (we) lost saw the deceased alive an	
and haur and from the causes stated obove. (1) (We) (did)	(did not) view the body after deoth.

23A. SIGNATURE

Anyana SPEN.					23B, DATE SIGNED
vinjana zrsie	M.D.	Attending Phys.	Med. Director	Shoff Phys.	5/11721
	DEGREE	23D. ADDRES		rnys.	

ANJANA DUSHA M.D.

24C, NAME of CEMETERY OF CREMATORY 24D. LOCATION

(City, town, or county) (State)

24A. BURIAL CREMATION, 24B. DATE 25A DAIL ACO BY HEALTH DEPT. 258, NAME OF REGISTRAR
MAY 2 - 1072 Pobe & 32.6. 25c. FUNERAL DIRECTOR 1011-13 ADDRESS
Sallavan Francial Home -N. Arlington Ave

VS 150-REV. 1/1/68

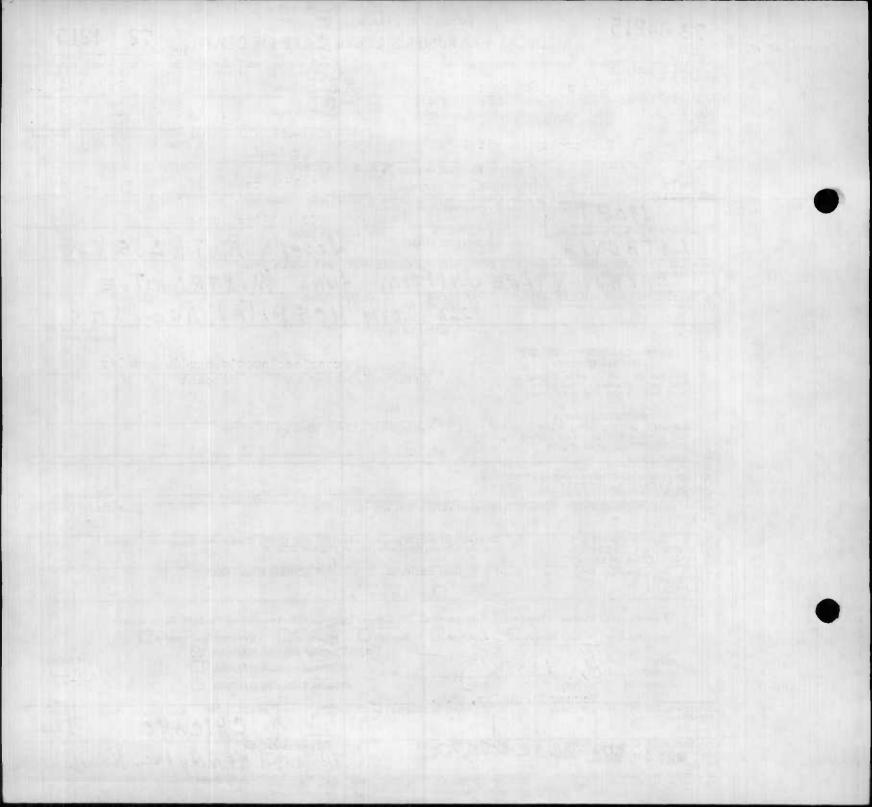
23C. PHYSICIAN'S NAME (Type)

4.11 11.61

BALTIMORE	CITY	HEA! TH	DEPA	DTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH	72	0421
MEDICAL EN MINITER OF CERTIFICATE OF DEATH OF	NIO.	

BIRTH NO.	KEG. NC	-
I. NAME OF DECEASED	2. DATE Known & Month Doy	Year Hour
(Type or Print) Stasus Rutkauskas	DEATH Estimoted 5 1	72 1:45 P. _{M.}
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DE	AD 3. DATE Month Doy	Yeor Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STRI ADDRESS OR LOCATION) OR INSTITUTION	J 1	72 1:45 P. _{M.}
University Hospital	5. USUAL RESIDENCE (Where deceased lived, if institution A. STATE Maryland B. COUNTY	in: residence before odmission)
6. SEX 7. RACE 8. MARRIED NEVER MA		ITY LIMITS?
Male White WIDOWED DIV	DRCED Baltimore	res 🖺 NO 🗌
9. DATE OF BIRTH 1908 10. AGE (in years M Under 1 Yr. If Under	der 24 Hrs. E. STREET AND NUMBER Min. 843 Hollins Street	
11. BIRTHPLACE(Stote or foreign country) LITHUNIA 12. CITIZEN OF WHAT COUNT	1 NOSEPH IN VIRA	USKAS
14A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OF done during mast of warking life, even if retired) LEE UNIF	OFM ANNA MIRTRINA	ITVE
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no grunknown) (II yes, give wor or dotes of service)	YNO. 18 INFORMANT PITAL Rec	ADDRESS ROLS
	E OF DEATH	APPROXIMATE INTERVAL
/ / 981 /		SETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Arteriosclerotic cardiova	couler
(This does not mean the mode of dying, e.g.,	MEDIATE CAUSE ALLETTOSCIETOLIC CATCIOVA UE TO, OR AS A CONSEQUENCE OF: disease	Scurat
heart Joilure, osthento, etc. It means the disease, injury or complication which coused death.)	or 10, or 20 total gosiner of a U.15 ease	
ANTECEDENT CAUSES (B)_		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	UE TO, OR AS A CONSEQUENCE OF:	
I HNDERIVING CONDITION LAST		
<u> </u>		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPER		
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPER	ATION WAS PERFORMED	21. AUTOPSY? (Yes or No)
	AND TEN ORNIES	Yes
22A. EXTERNAL CAUSE WAS UNDERLYING OF CONTRIB- UTING CAUSE OF DEATH. 22B. PLACE OF IN home, form, foctory,	JURY (e.g., in or obout 22C. WHERE DID (If in Boltimore City, give ex street, office bidg., etc.) INJURY OCCUR?	act location)
2 22D. TIME (Month) (Day) (Year) (Hour) 1225 INITIAL DE	CCURRED 22F. HOW DID INJURY OCCUR?	
OF INJURY (APPROX.) WHILE AT WORK	NOT WHILE AT WORK	
23. I certify that I held an Inquiry Inspection	Autopsy ond that on this basis, death in my	onlylon
resulted frant: Natural causes X Accident		
The state of the s	Deputy CHIEF MEDICAL EXAMINER	_
ACTUAL /// 100		DATE SIGNED
SIGNATURE	M.D. ASSISTANT MEDICAL EXAMINER	5-2-72
NAME (Type) Warner II Spitz M D	ASSOCIATE MEDICAL EXAMINER	3-2-12
NCLINCE OF DELCA, III.D.	CEMETERY OF CREMATORY 240, LOCATION (City, tow	
REMOVAL (Specify)		n, or county) (Stote)
MAY 2 - W72 DEPT BEE 28 TAMBOF RIGHT		L. 1600 Holling St
VS 151-REV. 1/1/68	009910	
1 1 1 . 4 . 4	0 4 1 0	



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH af death BIRTH NO Undetermined cause; (5) Decease as in regular attendance on the 2. DATE AND HOUR OF DEATH I, NAME OF DECEASED (Type or Print) Marjorie K. Catron haspital 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD A. STATE Md. COUSE (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) HOSPITAL OR C. CITY OR TOWN 0 0 Hopkins House Baltimore priar E. STREET AND NUMBER contributing 110 W. 39th St. 21210 occurred 39th made. 110 W. St. regular 9. AGE (In years last birthday) 5. SEX 6. RACE 8. DATE OF BIRTH 7. MARRIED X NEVER MARRIED deceased 4-9-1890 WIDOWED DIVORCED 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State at foreign country) Isposition dane during most of working life, even if retired) death Housewife Own Home Pennsylvania
MOTHER'S MAIDEN NAME 13. FATHER'S NAME the (4) Bonestreel Fletcher Haight Knight Mary IMPORTANT eath 0 o 15. Was Deceased Ever in U. S. Armed Farces? 6. SOCIAL 17. INFORMANT final (Yes, no ar unknown) (If yes, give war ar dates of service) SECURITY NO. attendance 578-32-5116 Thomas B. Catron II no any CAUSE OF DEATH 18. pranaunced 70 DISEASE OR CONDITION DIRECTLY embalmed af LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not mean the made of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF heart failure, asthenia, etc. It means the disease, 0 FUNERAL DIRECTOR: injury or camplication which caused death.) fra regul ANTECEDENT CAUSES who are DUE TO, OR AS A CONSEQUENCE OF DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the physician UNDERLYING CONDITION last. the remains CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL physician DISEASE OR CONDITION GIVEN IN PART 1 (A) PA. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes ar No) WAS PERFORMED 0 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218. PLACE OF INJURY (e.g., in ar about 21C. WHERE DID home, farm, foctory, street, office bldg., INJURY OCCUR? the 3 where haspital Z MEDICAL etc.) DEATH (natify medical examiner) nature; abtained (Manth) (Day) (Year) (Haur) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 9 Nat While OF INJURY (except While At | (APPROX.) At Wark Work and any 22. I certify that (1) (this hospital) attended the deceased fram. NE (301972 that (1) (we) lost saw the deceased alive on. haspital and hour and from the causes stated above (1) (We) (did) (did not) view the body after death. must accident 23A. SIGNATURE Attending Staff Director ___ 2 Phys. approval 0 23C. PHYSICIAN'S 23D. ADDRESS pridr t o NAME (Type) Dr. WardeB. Allan M. D. 6 Eager DEGREE D.O.A.

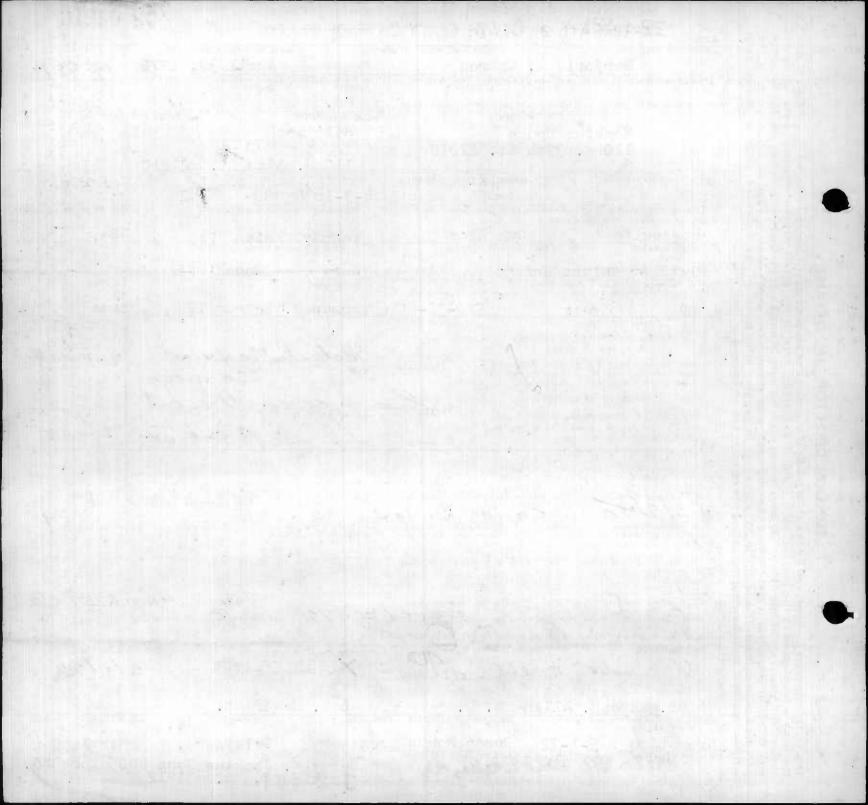
deceased

he bady

shaws:

MOS

April 30, 1972 12:50 P-M. 4. USUAL RESIDENCE (Where deceased lived, If institution: residence D. INSIDE CITY LIMITS? YES XX NO Houred Whin. If Under 1 Yr. Months: Days 12. CITIZEN OF WHAT COUNTRY? USA ADDRESS Same APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) and that in (my) (our) opinion death occurred on the date 23B, DATE SIGNED 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, tawn, or caunty) written Green Mount Crematory 5-1-72 Baltimore. Cremation Maryland BUR E SOLDEN HE PESC. FUNERAL DIRECTOR
Henry W. Jenkins Sons Henry W. VS 150-REV, 1/1/68

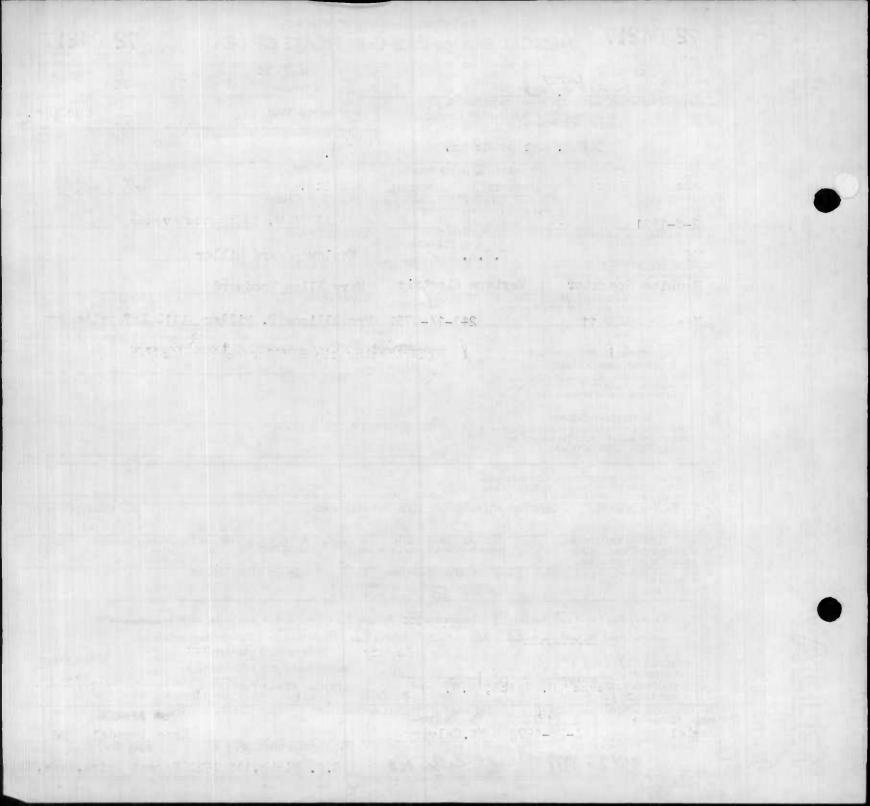


M-460 72 04217

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO	72	04217
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BIR	TH NO.		77120		2707 071111 1211 0	02			REG. NO			
	AME OF DEC	EASED	Lonor			2. DATE	Known 🔼 X	Month	Day	Yeor	Hour	
(Тур	(Type or Print) Garcia L. Miller					DEATH	Estimated	4	24	72		м.
4. F	LACE IN BALT				ONOUNCED DEAD	3. DATE		Month	Doy	Year	Hour	IVI.
HOS	NAME OF	(IF NO	T IN HOSPITA	LORINST	TUTION, GIVE STREET		INCED DEAD	4	24	72	1 5:20	M.
OK I	MaillolloM	30	2 S. C	ather	ine St.	A. STATE	SIDENCE (Where	deceased l	B. COUNTY	n: residence be	etare admis	sian)
6. S	EX	7. RACE		8. MARRI	ED NEVER MARRIED	C. CITY OR	TOWN		D. INSIDE C	ITY LIMITS?		
m	ale	Negro		WIDOW	ED DIVORCED	Ba1	to.		,	YES A	10 🗆	
9. D	ATE OF BIRTH		lost birthdoy	years	ff Under 1 Yr. If Under 24 Hrs Months : Days : Haurs : Min		ND NUMBER	oforos	te Aver			
11.	2-8-1921 BIRTHPLACE (S				2. CITIZEN OF	13. FATHER		arayer	Le Avei	tue		
					WHAT COUNTRY?							
	Md	A PI CONT (COL	11-1-6-115	U	S.A.	Wesl	ey Edward	Mille	r			
done	during most of w	Orking life, ev	en if retired)		OF BUSINESS OR INDUST	RY 15. MOTHE	S MAIDEN NA	WE				
	Machine			West	tern Electric	Mary	Ellen Woo	dward				
16.	WAS DECEASE	D EVER IN	U.S. ARMED	FORCES	7 17. SOCIAL SECURITY NO.	18. INFORM	ANT		1	ADDRESS		
	Yes	WW1		or sorvice,	243-14-0751	Mrs Al	lison B.	Miller	1110	Lafavet	te Av	e
	9. 4/2	4.			CAUSE OF DE		116011 27			APP	ROXIMATE IN	HTERVAL
	Dicesco	00.0000	MON DIREC		Anstrondo	1		1	11		EN ONSET AL	NO DEATH
		E OR COND EADING TO		TILL			c cardiov	ascura	ar di s ea	ise		
		I mean the		ing, e.g.,	(A) IMMEDIATE	AS A CONSEQ	IENCE OF:					
	heart foilure,	osthenio, etc. plication which	. Il meons the	disease,	50210, 0.							
		,		,								
		TECEDENT			(B)							
	DISEASES C	ABOVE CAL	ONS, IF ANY USE (A) STAT	GIVING	DUE TO, O	R AS A CONSEC	VENCE OF:					
2	UNDERLYIN	G CONDITI	ON LAST.		(c)							
Ō.			11									
CERTIFICATION	OTHER SIGNATO THE DEADISEASE OR	IFICANT CON TH BUT NOT CONDITION	RELATED TO	THE TERMI	ING NAL							
E					OR WHICH OPERATION V	VAS PERFORM	ED			21. AUTOP	SY? (Yes o	r No)
Ü	0										10	
Y	22A. FXTER	NAL CAUSE	WAS	12	28. PLACE OF INJURY (e.g	in or about 2	C. WHERE DID	(it to Boltime	re City alva es	1	-	
MEDIC	UNDERLYING UTING CAL	OR CON	TRIB-	Ī	home, farm, lactory, street, of	ice bidg., etc.) If	UURY OCCUR?	(III DOMINI	or city, give o	act to converg		
	22D. TIME (Month) (D	oy) (Year) (Hour	22E.INJURY OCCURRED		F. HOWDID IN	JURY OCC	UR?			
	(APPROX.)				m. WHILE AT NO	WORK WORK						
	23.	fy that I h	eld an Li	ngulry [and that an ti	hie haete	death in my	anlalan		
		ed fram: N										
	resutt	ea tram: It	a turat cau	305/1					ned manner			
	ACTUAL	1116	100 /	'	Dep		HIEF MEDICAL E		` (2)	1	DATE SIGN	NED
	SIGNATU	IRE W	VVV	1	<u>M</u>	D. ASSIS	TANT MEDICAL	XAMINER	П		1 10 = 1	70
	NAME (T			Spir	0		CIATE MEDICAL E				4/25/	12
24A	. BURIAL CREA	AATION, 2	48. DATE		24C. NAME of CEMETER	or CREMATO	RY 24D.	LOCATION	(City, tow	n, or county)	(Stat	te)
	rial		4-28-	1972	Mt.Calvary				Anne	Arundel	Md	
	. DATE REC'D	BY HEALTH		258. N	AME OF REGISTRAR	- 25C. F	UNERAL DIRECTO	OR		ADDRESS	110	
		MAY 3 -	1972	D. R.	A E. Jaben N.D.	C	E. Hicks,	111 10)22 Fame	- L D		- Ma
		1107 67	1016	6.00	H) (0 7%	- al 00	to TITCED	111 17	ZZ FOIE	est DIII	e, Ann	ice grade



IMPORTANT FUNERAL DIRECTOR:

direct

examiner.

medical

6

to the hospital

the body was released

20

approved by

assistant if

Such if death occurred in a hospital and rect or contributing cause of death (4) Undetermined cause; (5) Deceased E0 death. ance attend 0 prior disposition is made. in regular deceased Was the death uo or final attendance fracture of any pronounced embalmed regular who 4 before the remains are ව Ξ physician Was No physician any nature; (2) Body the where obtained 9 (except ; and (6) eath); be of hospital must An accident O 10 approval 0 prior to 4 pespese Ö written shows: d

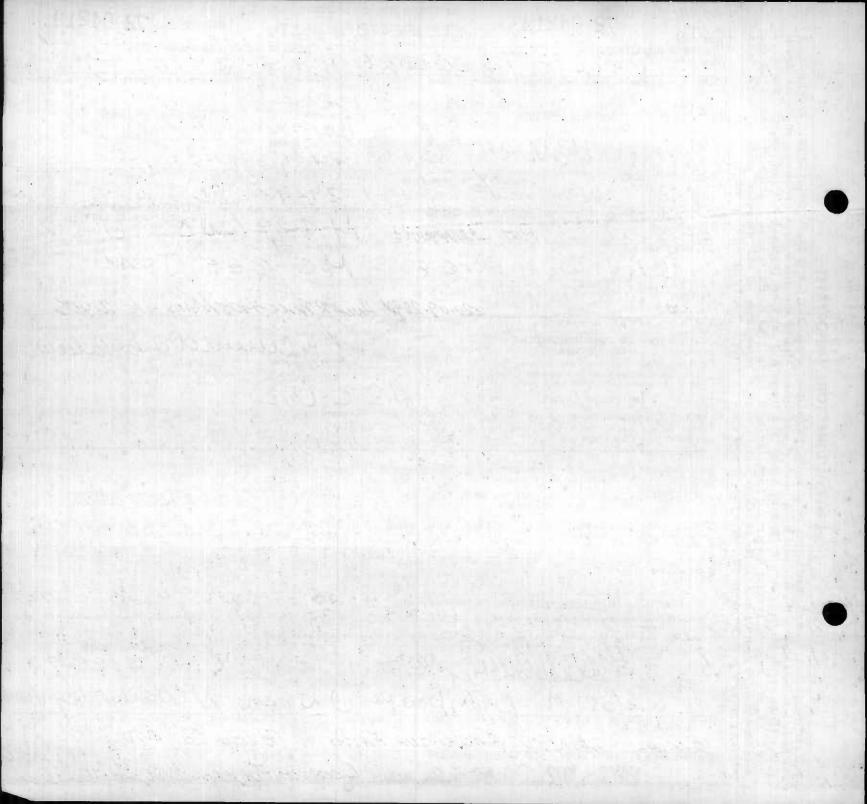
BALTIMORE CITY HEALTH DEPARTMENT REG. NO. CERTIFICATE OF DEATH BIRTH NO. I. NAME OF DECEASED 2 DATE AND HOUR OF DEATH Elizabeth Schorr (Type or Print) Mrs. 4. USUAL RESIDENCE IWhere deceased 3. PLACE IN BALTIMORE, MARYLAND, WHERE FRONOUNCED DEAD lived. If institutions residence before admission) B. COUNTY A. STATE Mr. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION! c.ciy or town Baltimore D. INSIDE CITY LIMITS? Edgewood Nursing Home YES A NO E. STREET AND NUMBER 6000 Bellona Ave. 6000 Bellona Ave. 8. DATE OF BIRTH 9. AGE (In years last birthday) 6. RACE If Under 24 Hrs. 5. SEX If Under 1 Ya 7- MARRIED NEVER MARRIED 5/26/80 WIDOWEDE DIVORCED 10A, USUAL OCCUPATION (Give kind of work) 10B, KIND OF BUSINESS OR INDUSTRY 111. BIRTHPLACE (State of foreign country) 12 CITIZEN OF WHAT COUNTRY? done during most of working life, even if refired) Homemaker Own Home Maryland 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME George Catherine Seebas 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (if yes, give war or dates of service) 17. INFORMANT ADDRESS 6. SOCIAL SECURITY NO. 220-44-3303 NO Pickersgill Home 615mChestnut Ave. 21204 CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (0 m 0 (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES OR AS A DISEASES OR CONDITIONS, If any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A DATE OF OFERATION 194 CONDITION FOR WHICH OFERATION 20A AUTOPSY? (Yes of No. 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 218 FLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, farm, foctory, street, office bidge INJURY OCCURY of C. 21 A. A CCIDENT WAS UNDERLYING TO CONTRIBUTING CAUSE OF (II In Boltimore City, give exact location) MEDICAL DEATH (notify medical examined 21 D. TIME OF INJURY (Houd 21E INJURY OCCURRED 215. HOW DID INJURY OCCU (Month) (Doy) (Year) Not While While Al (APPROX) At Work Work 22. I certify that (I) (this hospital) attended the deceased from and that in(my) (out) opinion death occurred on the date that (i) (we) lost sow the deceased alive on ond hour and from the couses stated above. (I) (We) (did) (did not) view the body after death. 23A. SIGNATURE 238 DATE SIGNED Attending | Phys. Director NAME LTypel 23D. ADDRESS 24A. BURIAL CREMATION, REMOVAL (Specify) 24C. NAME of CEMETERY OF CREMATORY 248, DATE (City, town, or county)

Burial 5-1-72 Western Cemetery Baltimore, Maryland 258 NAME OF REGISTRAR 25C. FUNERAL DIRECTOR Par. BE Cook-Brooks Towson Inc. Towson, Md. VS 150-REV. 1/1/68 217

ada 4/17/90 2n another 1. H. pren I Adquired. THE REAL PROPERTY OF THE PROPERTY OF THE PARTY OF THE PAR

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such

	1620 - 21210	BALTIMORE CITY	HEALTH DEPARTMENT		04040	
B	0_020 72 04219 RTH NO.	CERTIFICA	TE OF DEATH	REG. NO	72 04219	
1,	NAME OF DECEASED	- /	// 2. DATE AN	D HOUR OF DEATH	CA 2 B	
(1	ype or Print) PRICE, 1	4EODOR	E H. 4	- 29-7	2 930 PM	
3	PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (When	e deceased lived. If institu TY	ution: residence before admission)	
115	ULL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)	STITUTION, GIVE STREET	MA129/22	2)	205-	
	INSTITUTION ADDRESS OF EGGATION	. //	C. CITY OR TOWN	105	CITY LIMITS?	
11	To 11 10 1/00	060/ //	STREET AND NUMBER	1/02	IS NO NO	
	MION MEMOR	YOS Pixa	4405	MHEX	AU.	
5.	SEX 6. RACE 7. MARR WIDOW	INEVEK MAKKIED	1 - 29 - 9>	9. AGE (In years I N	f Under 1 Yr. If Under 24 Hrs.	
	A. USUAL OCCUPATION (Give kind of work 108. KINE		11. BIRTHPLACE (State or foreign	gn country) 1	2. CITIZEN OF WHAT COUNTRY?	
d	RETIRED - ? AG	. Idourance	MARY	(2ND)	U.S.A.	
1:	FATHER'S NAME	1)21-	4. MOTHER'S MAIDEN NAM	C- T	C 12 4 1	
	DAVID -	PRICE	MC 6	EE, 18	EAN	
13	. Was Deceased Ever in U. S. Armed Forces? es, no or unknown) (II yes, give wor or dates of servi	ce) 1 6. SOCIAL SECURITY NO.	7. INFORMANT		ADDRESS	
	NO	220-09-269	ANNAR PRICES	405 MARX 1	NE 21206	
	18.4/2.4	CAUSE OF BEATH			BETWEEN ONSET AND DEATH	
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	A DAMEDIATE CALIF	of fell	well 2	13/atrial	
	(This daes not meen the mode of dying, heart failure, osthenia, etc. It meens the dise		CONSEQUENCE OF:		77	
	injury ar camplication which caused death.)	11 0	00117			
	ANTECEDENT CAUSES	(B)	$s \in U \subseteq$) 		
	DISEASES OR CONDITIONS, if any, given is a la l	· · · · ·	A CONSEQUENCE OF:			
	UNDERLYING CONDITION last.	(c)				
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	NG				
	TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART I (A).					
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART I (A). 19A. DATE OF OPERATION 19B. CONDITION FWAS PERFORMED	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No.	20B. IF YES, WERE FIN IN CERTIFYING CAUSE	DINGS CONSIDERED	
	21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, offi	or about 21 C. WHERE DID	(If in Boltimore C	ity, give exoct location)	
	DEATH (notify medical examiner)	etc.)	ce blags, INJOK: OCCOK:			
	21D. TIME (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?		
	(APPROX.)	While At Work Not While				
	22. I certify that (I) (this hospital) attended the deceased from 4-25-1972 to 4-29-1972,					
	that (1) (we) last sow the deceased alive	on 4.29	19 72 ond the	ot in(my) (our) oplnio	n death occurred on the date	
	and hour and from the spuses stated above	e. (1) (We) (31d) (did not) vi	ew the body ofter deoth.			
	23A. SIGNATURE	MI AUD Atton	ding Med.	Staff 23	4-28-72	
	23C. PHYSICIAN'S	GEGREE Phys.	Director U	Phys.	4-27-12	
2	NAME (Typel	SATTIBAR ME	D1) N:00	1) Al EARC	Pilal Hamila	
2	AA. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	C. NAME of CEMETERY OF CRES	MATORY 24D. Le	OCATION (City,	town, or countyl (Stote)	
	BURIAL 2MAY72	GARDENSOF F.	1917H B4	1270. Co., 1	VID.	
11			Transport of the second		ADDALLS A AND	
2	SA, DATE REC'D BY HEALTH DEPT. 258, NAV		25C. FUNERAL DIRECTOR	1/20	ADDRESS 2170	
IL		SE Jale MA	CLERICH EN	MERRIPOM	BALTO, MI	



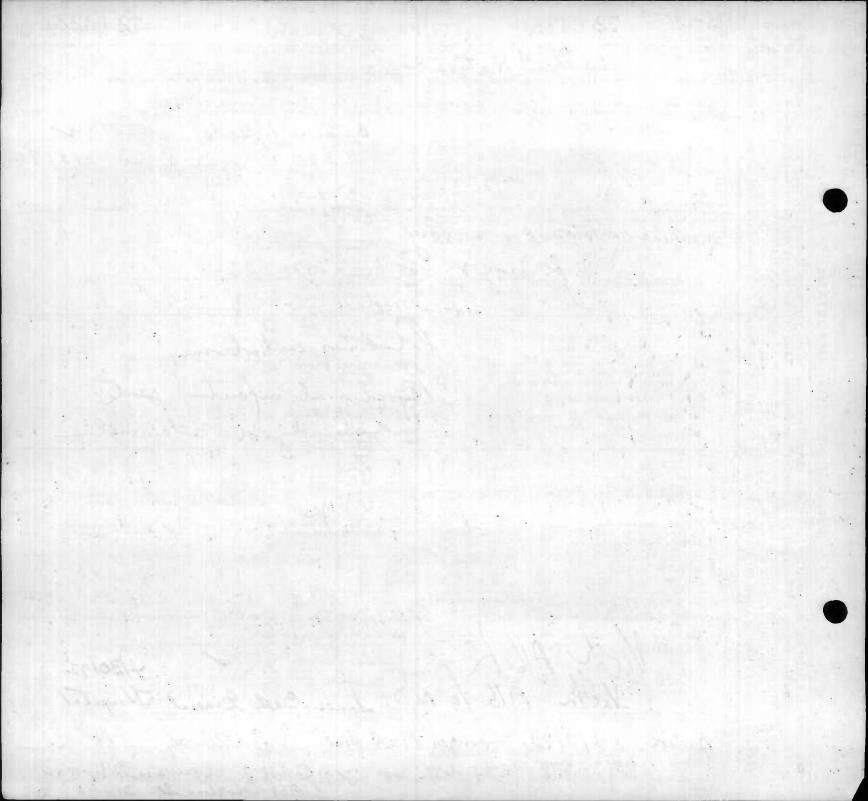
IMPORTANT FUNERAL DIRECTOR:

REG. NO. CERTIFICATE OF DEATH of deoth Deceased 1, NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) uo hospital eoth. 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD once (2) (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) COUSE FULL NAME OF HOSPITAL OR CITY OR TOWN cause; 0 prior STREET AND NUMBER contributing occurred Undetermined is made. seur 0 9. AGE (In years S. SEX 6. RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH eceased regu lost birthday DIVORCED X WIDOWED 10A, USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) disposition Machine 13. FATHER'S NAME the 14. MOTHER'S MAIDEN NAME 4 eath 0 15. Wos Deceased Ever in U. S. Armed Forces?
(Yes, no or unknown) (If yes, give way or dates of service) 6. SOCIAL or finol SECURITY NO. ottendance ony CAUSE DEATH pronounced DISEASE OR CONDITION DIRECTLY embolmed of LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not mean the made of dying, e.g., DUE TO, OR AS A CONSEQUENCE hearl failure, asthenia, etc. It means the disease, the chief medical examiner regular injury or camplication which caused death.) 0 ANTECEDENT CAUSES who are DUE TO, OR AS A DISEASES OR CONDITIONS, if any, rise to the above cause (A) stating the physicion UNDERLYING CONDITION last the remains Was medical OTHER SIGNIFICANT CONDITIONS CONTRIBUTING physicion TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 0 0 WAS PERFORMED W before 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B, PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? where hospitol °Z MEDICAL DEATH (notify medical examiner) etc.) noture; obtained 21 D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? 9 OF INJURY approved Not While (except White At (APPROX.) At Work puo ony 22. I certify that (1) (this hospital) attended the deceased from 0 be that (1) (we) last saw the deceased alive an. of eath) hospito and haur and from the causes stated abaye. (1) (We) (did) (did nat) view the bady after death. must accident 23A. SIGNATUR O Attending [Med. Staff 0 Director Phys. Phys. written approval 0 23C. PHYSICIAN'S 23D. ADDRESS prior WOS to NAME (Type) An - DEGREE 24A. BURIAL CREMATION. deceosed 24B. DATE CREMATORY the body o REMOVAL (Specify) shows: ď M ds

BALTIMORE CITY HEALTH DEPARTMENT A, STATE

8. COUNTY

14. USUAL RESIDENCE (Where deceosed lived, If institution residence before admission) D. INSIDE CITY LIMITS? NO YES If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min. 12. CITIZEN OF WHAT COUNTRY? ADDRESS APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) .19.72 and that in(my) (our) opinion death accurred on the date 238, DATE SIGNED (City, town, or (county) (Stote) ADDRESS VS 150-REV. 1/1/68

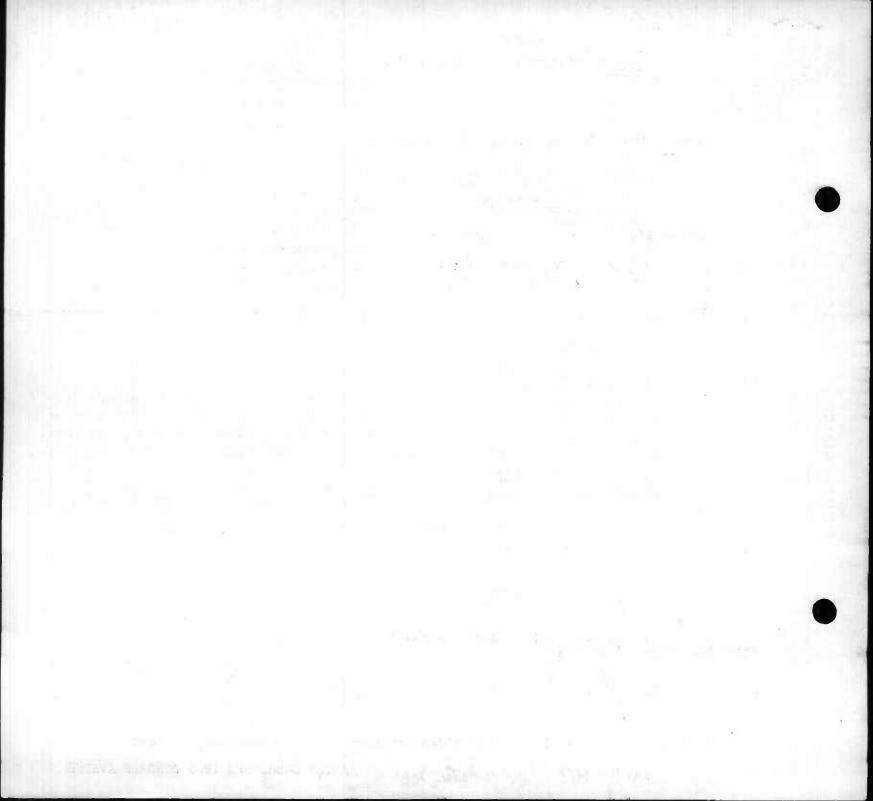


F. 27, 1905 66 12 . Fraderick therdschoer Salto, it. . . Wife Page Mark See Jones - Nov 93 of seteriford Rd. 5-3-72 (wina Hill (matery haller. 15,34 Jennin Colully - 170 6 toxbone talong H. D.

BALTIMORE CITY HE	
72 04222 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO. 72 04222
I. NAME OF DECEASED	
(Type or Print) WILLIAM FITZPATRICK	2. DATE Known Month Doy Year Hour OF DEATH Estimated
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Day Year Haur
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) OR INSTITUTION	PRONOUNCED DEAD 4 30 1972 10:10a (5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
South Baltimore General Hospital	A. STATE Maryland B. COUNTY 2301
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
male white widowed Divorced	Baltimore YES X NO
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. lost birthday) Months, Doys, Haurs, Min.	
11. BIRTHPLACE(State or foreign country) 12. CITIZEN OF	118 W. Fort Ave.
1,111,111,111	
Phila Penna. 14A.USUAL OCCUPATION (Give kind of work 148. KIND OF BUSINESS OR INDUSTR	Y 15. MOTHER'S MAIDEN NAME
done during most of working life, even if retired) Machine Operator Gen. Elec.	Annie M. McPeak
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 117. SOCIAL	18. INFORMANT ADDRESS
(Yes, no or unknown)(If yes, give wor or dotes of service) SECURITY NO. 217-07-6369	Evelun Fitzpatrick - some as # 5
19. 4 / CAUSE OF DEA	
DISEASE OR CONDITION DIRECTLY Arteriosc1	erotic cardiovascular disease
LEADING TO DEATH (This does not mean the made of dying, e.g., DIFTO OR	
heort foilure, osthenio, etc. It means the disease, injury or camplication which caused deoth.)	AS A CONSEQUENCE OF:
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR	AS A CONSEQUENCE OF:
UNDERLYING CONDITION LAST	
(C)	A 20 A A A A 2 A
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 208. CONDITION FOR WHICH OPERATION W	
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
20A. DATE OF OPERATION 208. CONDITION FOR WHICH OPERATION W	AS PERFORMED 21. AUTOPSY? (Yes or No)
	no
UNDERLYING OR CONTRIB- home, form, factory, street, office uting Cause of Death.	in ar about 22C. WHERE DID (If in Saltimare City, give exact location) to bldg., etc.)
22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?
m. WORK AT	T WHILE NORK
23. I certify that I held an Inquiry Inspection X Au	ond that on this basis, death in my opinion
	de Homicide Undetermined monner
resolved from: Notoral cooses [25] Accident 501ci	CHIEF MEDICAL EXAMINER 3
ACTUAL PHILAD	ASSISTANT MEDICAL EXAMINER DATE SIGNED
SIGNATURE M.I.	ASSOCIATE MEDICAL EXAMINER
NAME (Type) Russell S. Fisher, M.D.	5-1-72
24A. BURIAL CREMATION, REMOVAL (Specify) 248. DATE 24C. NAME of CEMETERY	or CREMATORY 24D. LOCATION (City, town, or county) (State)
Burial 5-3-72 Louden Park	
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25c. FUNERAL DIRECTOR ADDRESS Mc (ully - 130 E. Fort Ave. 21230
VS 151-REV. 1/1/68	7327

Walter T. Fitzmilitely se Their, Perus. Amelon In assets wn. Lac. TI-TI-TI-TI water Fitzgetrich - sone as 7 5 A STATE OF THE R. 5-3-72 Loudge ask (melast alto. you so are the first the self of the falls - 120 Court was 21520

	7-422	BALTIMORE CITY	HEALTH DEPARTMENT		04203
BIF	TH NO. 72 04223 MAD	CERTIFICA	TE OF DEATH	X REG. NO. 72	U4 CCU
1,1	NAME OF DECEASED	1	2, DATE AND	HOUR OF DEATH	
	/XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		14-~	9-72	12.45 A M.
H	PLACE IN BALTIMORE, MARYLAND, WHERE P	RONOUNCED DEAD	4. USUAL RESIDENCE (Where A. STATE B. COUNT	Y	in: residence before admission)
FU HO IN	LL NAME OF IF NOT IN HOSPITAL OR I DSPITAL OR ADDRESS OR LOCATIONI STITUTION	NSTITUTION, GIVE STREET	C. CITY OR TOWN	D. INSIDE CIT	TY LIMITS?
	CHURCH HOME A	ND HOSPITAL	E. STREET AND NUMBER	/C YES	No No
	3.5		7523 L.	AWRENCE	RO.
	V WIDO	RRIED NEVER MARRIED DIVORCED DIVORCED	6-18-11	81	nder 1 Yr. If Under 24 Hrs. Has Doys Hours Min.
t0/	USUAL OCCUPATION (Give kind of work 10B, KIN e during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY		n countryl 12.	CITIZEN OF WHAT COUNTRY?
	housewife	home	CZECH.		0.3.
13.	FATHER'S NAME	101:01:	14. MOTHER'S MAIDEN NAM		
	JOHN YUH	101416	MARY	KAMENS	101
(Ye	Wos Deceased Ever in U. S. Armed Forces? s,no or unknown) (If yes, give wor or dotes of ser NO	vice) 16. SOCIAL SECURITY NO. 219-07-846	17. INFORMANT		ADDRESS SAME
	18./// / / / / /	CAUSE OF DEATH			APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	- , ,	RDIAC A	RREST	BETWEEN ONSET AND DEATH
	(This does not meen the mode of dying, heart failure, asthenia, etc. It means the dis	e.g., DUE TO, OR AS A	SE A CONSEQUENCE OF:		***************************************
	injury or complication which caused death.) ANTECEDENT CAUSES	Poss	. MYOLANS	DIAL INFAR	1 scord - few hon
	DISEASES OR CONDITIONS, if any, g	(8)	A CONSEQUENCE OF:	111111111111111111111111111111111111111	
	rise le the above cause IA) staling UNDERLYING CONDITION last.	the (c) ARTER	COSCEROTIC C	AR DIOVASLUV	AN DISEASE
z	11	****			
OLL	OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO THE TERMI	NAL			
RTIFICA	DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION WAS PERFORMED		20A. AUTOPSY? (Yes or No.)	208, IF YES, WERE FINDIN IN CERTIFYING CAUSES O	IGS CONSIDERED OF DEATH?
CAL CE	21A, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (noify medicel exominer)	21B. PLACE OF INJURY (e.g., in hame, ferm, feclery, street, effect.)	n or obout 21 C. WHERE DID lice bldg., INJURY OCCUR?	(If In Boltimore City,	give exect location)
(ED)	21D.TIME (Menthl (Doy) (Yeoil (Hous) OF INJURY	21 & INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
2	(APPROX.)	While At Not While At Werk	· 🗆		
	22. I certify that 🏈 (this haspital) attend	ded the deceased from	1- 29- 19	22 to 4	- 29-19-21
	that (# (we) last saw the deceased alive		. 3 .		leath accurred on the date
	and have and from the causes stated abo	ve. (1) (We) (did) (did)(id)	ew the bady after death.		
	23A. SIGNATURE				DATE SIGNED
	Jon en	DEGREE Phys	. L Director L Pl	hys.	4-29-72
	23C. PHYSICIAN'S NAME (Type) S. P. QEO		CHUNCH	HOME	HOSPITAL
244	BURIAL CREMATION, 248. DATE 248. PAGE 248. PAG	C. NAME of CEMETERY OF CRE	MATORY 24D. LO	CATION (City, tow	n, or county! (State)
	Burial 5-2-1972	Meadowridge Ceme	etery Bal	timore, Marylan	nd
25/		ME OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
	MAY 8 - 1972 P.B.	BE Jake KD	WALTER DABROV	VSKI 1005 DUNDA	ALK AVENUE
VS	150-REV. 1/1/68				



(B)_______DUE TO, OR AS A CONSEQUENCE OF DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

22E.INJURY OCCURRED 22F. HOW DID INJURY OCCUR? 22D. TIME (Month) (Yeor) OF INJURY NOT WHILE WHILE AT (APPROX.) 4-29-72 1:00 WORK

20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

EXTERNAL CAUSE WAS UNDERLYING X OR CONTRIB-

UTING CAUSE OF DEATH.

Passenger in auto which struck tree

Harney Rd, Carroll County

21. AUTOPSY? (Yes or No)

I certify that I held on Inquiry Inspection X Autopsy ond that on this bosis, death in my opinion Accident X Suicide Homicide Undetermined monner resulted from: Notural couses CHIEF MEDICAL EXAMINER DATE SIGNED ACTUAL ASSISTANT MEDICAL EXAMINER X SIGNATURE 4-29-72

22B. PLACE OF INJURY (e.g., in or obout location) home, form, foctory, street, office bldg., etc.) INJURY OCCUR?

ASSOCIATE MEDICAL EXAMINER **EXAMINER'S** Charles S. Springate, M.D. NAME (Type) 24C, NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) 24A. BURIAL CREMATION, 24B. DATE

Highway

REMOVAL (Specify) Taneytown, Carroll Co., Maryland Lutheran Cemetery Burial May2,1972 25C. FUNERAL DIRECTOR 25B. NAME OF REGISTRAR

25A. DATE REC'D BY HEALTH DEPT. Skiles Funeral Home Taneytown, Maryland

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Howard Displan Corto St.

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Bartist Way 1972 Inthered Cambary Cambary Cambridge Cambridge

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BALTIMORE CITY HEALTH DEPARTMENT REG. NO. CERTIFICATE OF DEATH spital and of death Deceased Such BIRTH NO. I NAME OF DECEASED 2. DATE AND HOUR OF DEATH 00 (Type or Print) hospital 10 R FFITH death. USUAL RESIDENCE (Where deceased lived, If institutions residence before admission) 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD guce A. STATE rect or contributing cause (4) Undetermined cause; (5) FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C. CITY OR TOWN D. INSIDE CITY LIMITS? attend 0 YES NO curred in prior E, STREET AND NUMBER ERAL HOSDT disposition is made. in regular L DATE OF BIRTH 9. AGE (In years If Under 1 Y. Months! Doys Il Under 24 Hrs. 5. SEX 6. RACE MARRIED NEVER MARRIED deceased lost bigthde WIDOWED DIVORCED 9 10A USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign Country 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if refired) death Severn. Maryland USA Gas & Electric Supervisor- retired Mas the 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME direct Agatha Shipley Columbus B. Griffith assistant death HO 15. Was Deceased Ever in U. S. Armed Ferces? (Yes, no or unknown! (If yes, give war or dotes of service) 7. INFORMANT ADDRESS or final SECURITY NO. attendance Mrs. Elizabeth M. Griffith same as 4 212-05-5781 WW ves any CAUSE OF DEATH APPROXIMATE INTERVAL pronounced BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed fracture of LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.) DUE TO, OR AS A CONSEQUENCE OF regular chief medical examiner examiner. who ANTECEDENT CAUSES before the remains are 4 OR AS A CONSEQUENCE OF: DISEASES OR CONDITIONS, If any, giving 3 rise to the above cause (A) stating the = UNDERLYING CONDITION lost physician Was medical burns; CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING No physician TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) (2) Body 19A-DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No. 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? the 8 218, PLACE OF INJURY (e.g., in or about 21 C. WHERE DID home, form, factory, street, office bidg., INJURY OCCUR? 21A. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF (If in Baltimore City, give exact location) where to the hospital MEDICAL DEATH (notify medical examined any nature; obtained 9 (Month) (Doy) (Year) (Hous) 21E INJURY OCCURRED 215. HOW DID INJUST OCCUR? Not While OF INJURY approved (except While At (APPROX.) Work and 19 7 2 40 22. I certify that (I) (this hospital) attended the deceased from and that in (my) (our) opinion death occurred on the date death); pe that (i) (we) lost sow the deceased alive on. 0 hospital and hour and from the causes stated above. (1) (We) (did) (did not) view the body after death. he body was released must accident 23A. SIGNATURE 23B DATE SIGNED M L Attending Med. Staff April 27, 1972 10 approval Phys. 8 23C-PHYSICIAN'S 23D. ADDRESS prior cortificate to NAME (Type) An Michael Maryland Gemeral Hosp. . Farthen as D.O.A. DEGREE shows: (1) 24A. BURIAL CREMATION, 248. DATE 24D. LOCATION 24C. NAME of CEMETERY of CREMATORY (City, town, or county) (State) eceased REMOVAL (Specify) written Glen Burmie. Md. 2 Glen Haven Memorial | 258. NAME OF REGISTRAR | 250. Park 25C. FUNERAL DIRECTOR SINGLETON FUNERAL Home ADDRESS 3 0 VS 150-REV. 1/1/68

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EMETERY

25C. FUNERAL DIRECTOR

GARYSBURG

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ys. BARRE

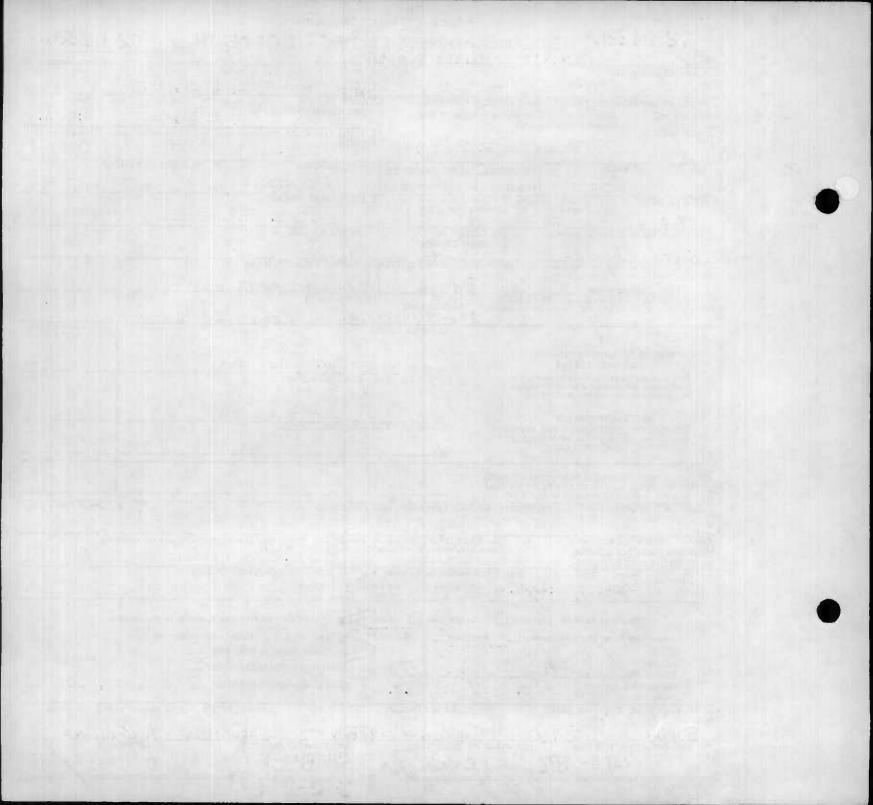
MAY 3-1972 Hobert E. Janber, KA CHARLES A. KICE VS 151-REV. 1/1/68 N 98 8 9 1 2 0 0 0 3 2 2 1

25B. NAME OF REGISTRAR

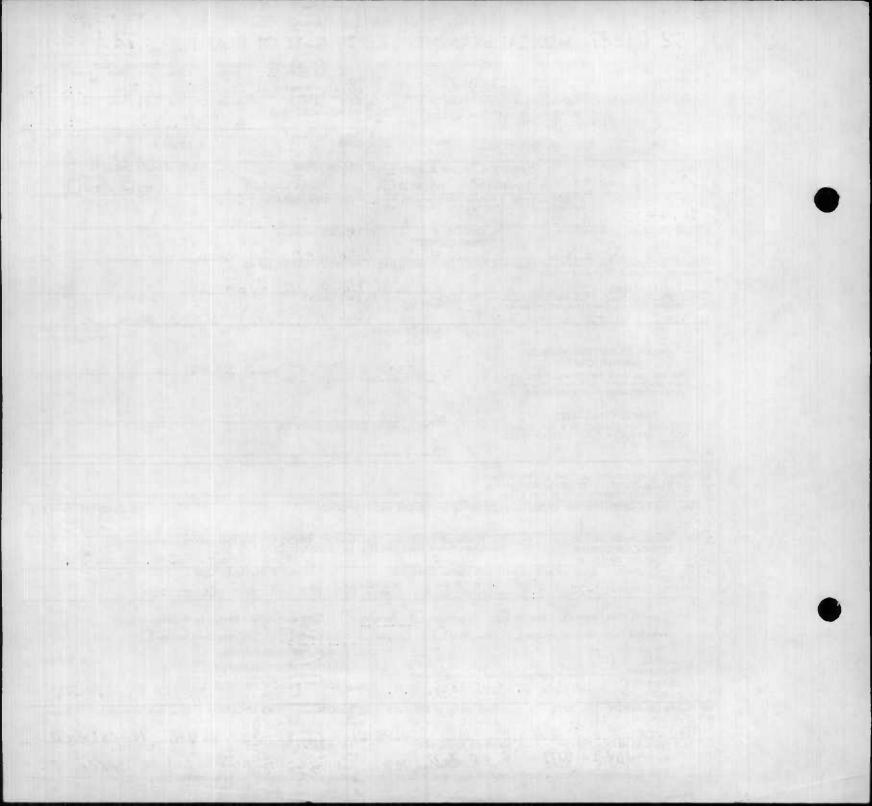
HURCH

BURIAL

25A. DATE REC'D BY HEALTH DEPT.

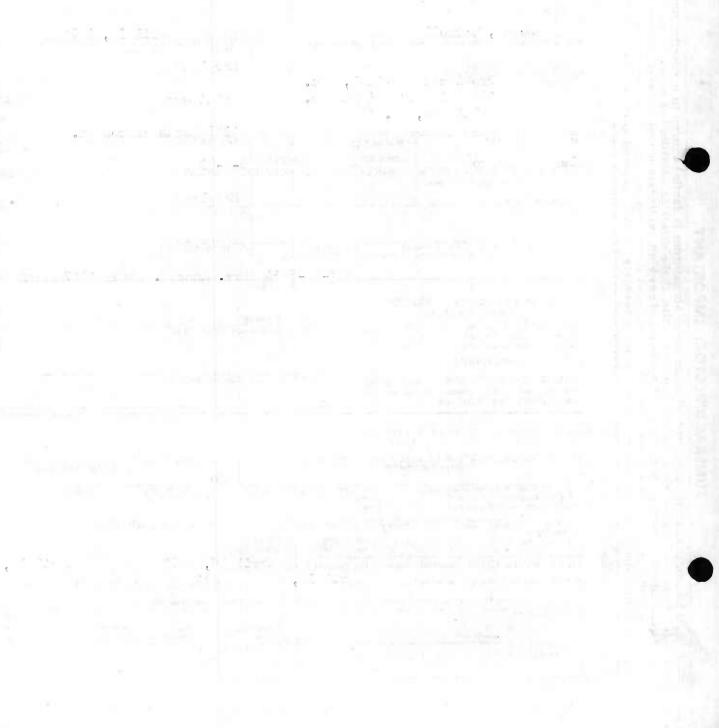


VS 151-REV. 1/1/68



was D.O.A. of a hospital (except where the physician who pronounced deoth was in regulor attendonce on the deceased prior to deoth); and (6) No physician was in regular attendonce on the deceased prior to deoth. Such written opproval must be obtained before the remains are embolmed or final disposition is made. This certificate must be opproved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing couse of death shows: (1) An accident of any noture; (2) Body burns; (3) A fracture of any kind; (4) Undetermined couse; (5) Deceased

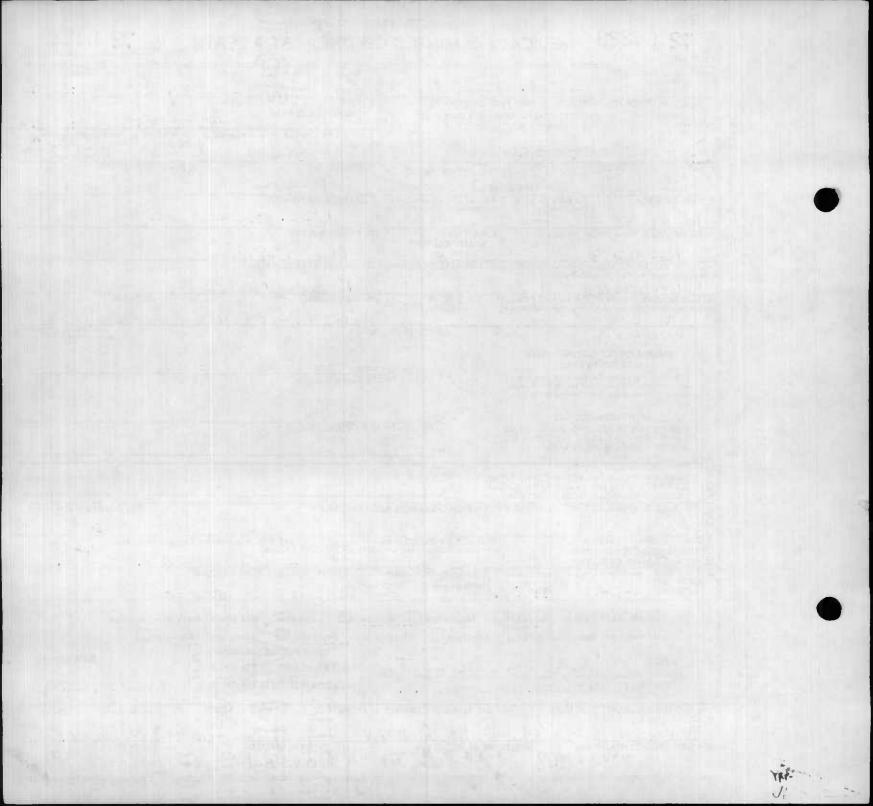
1.520	BALTIMORE CIT	Y HEALTH DEPARTMENT		2 (2)298
BIRTH NO. 72 04228	CERTIFICA	TE OF DEATH	REG. NO	12 04228
I. NAME OF DECEASED		2. DATE	AND HOUR OF DEATH	
Jones. Carroll		Apri	1 30, 1972	6:15 p. M.
Jones, Carroll 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	A. STATE B. CO	here deceased lived. If i	nstitution: residence before admission
FULL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)	STITUTION, GIVE STREET	Maryland		1507
HOSPITAL OR ADDRESS OR LOCATION		C. CITY OR TOWN	D. INS	SIDE CITY LIMITS?
29 2600 Liberty He		Baltimore E. STREET AND NUMBER		YES X NO .
Baltimore, Md.	21215			
5. SEX 6. RACE 7. MARS	IED X NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr If Under 24 His.
10000			lost birthdoys 6 8-	If Under 1 Yr. If Under 24 His. Months Days Hours Min.
Male Negro WIDOW 10A, USUAL OCCUPATION (Give kind of work 10B, KIN)		11. BIRTHPLACE (State or f	69	12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired)				The state of the s
PRINTER		Maryland		U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	IAME	
Unk.		HARRIETT		
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of servi	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No	21.2-10-56.34	1	2007	
18. // 2/, 9 1	CAUSE OF DEAT	Mrs. Anna M.	Jones 737/ No	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY			A	BETWEEN ONSET AND DEATH
LEADING TO DEATH	(A) IMMEDIATE CAL	ISE CVA E	Left Hemi	nlece 7 years
(This does not mean the mode of dying, heart failure, asthenia, etc. It means the dise	B.C. DUCTO OF AC	A CONSEQUENCE OF:	7/11/1	
injury ar camplication which caused death.)	use,		•	
ANTECEDENT CAUSES				
DISEASES OR CONDITIONS, if any, git	ing (8)	A CONSEQUENCE OF:		***************************************
rise to the above cause (A) slating	me			
UNDERLYING CONDITION last	(C)			***************************************
Z 071150 510 1150 1150 1150 1150 1150 115	10			
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMIN	IAL.			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A). 194. DATE OF OPERATION 198. CONDITION F WAS PERFORMED 1214. ACCIDENT WAS UNDERLYING!	OR WHICH OPERATION	20A. AUTOPSY? (Yes or	Noll 20B. IF YES. WERE	FINDINGS CONSIDERED
WAS PERFORMED		No	IN CERTIFYING CA	USES OF DEATH?
OR CONTRIBUTING CAUSE OF	218 PLACE OF INJURY (e.g.,	n or about 21 C. WHERE DID	(If In Beltimer	re City, give exoci location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, farm, factory, street, or	flice bldg. INJURY OCCUR	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	o only give executed to control
80	21 & INJURY OCCURRED	215 110 11 110 1		
S or mooki	While At The Not While	21F. HOW DID I	NJURY OCCUR!	
(APPROX.)	Werk LJ At Work			
22. I certify that (I) (this haspital) attended		ril 18, 1972	19 to Apri	1 30, 19 72
that (1) (we) lost saw the deceased alive	April 30,	19 72 ond	that In(my) (our) api	nion death accurred on the date
and have and from the causes stated above				
23A. SIGNATURE		Town the body differ book		23B, DATE SIGNED
Sunder	Atte	nding Med. Director	Staff Phys.	4/30/72
			Phys.	713412
23C. PHYSICIAN'S NAME (Type) E LIJA A S 24A. BURIAL CREMATION 24B. DATE 24A. BURIAL CREMATION 24B. DATE	1 ()	Produc		
ELIVAA S	AUNDERSDEGREE	J. FROUIS	ENT HOS	
24A. BURIAL CREMATION, 24B. DATE 240 REMOVAL (Specify)	NAME of CEMETERY of CRI	MATORY 24D.	LOCATION (C	ity, town, or county) (State)
Burial 5-5-73	Ht. CALVE	RY P	ROCKINN H.	APULDND
25A. DATE REC'D BY HEALTH DEPT. 25B. NAA	AE OF REGISTRAR	25C. FUNERAL DIRECT	OR .	ADDRESS
MINI 0 - DIZ) Color	BE. Jaber M.D.	CHARLES A.	KICE 661	H. TBAKKE ST.
VS 150=RFV- 1/1/68				



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water to the same of the first of

V-636				BALTIMORE CITY	Y HEALTH DEPA	RTMENT				
72 0 BIRTH NO.	4229	MED	ICAL	EXAMINER'S			DEAT	H REG. NO	72	04229
1. NAME OF DEC	CEASED	ВОВВУ	L. C	ARTER	2. DATE OF DEATH	Known X Estimated	Month April	Day L 29, 1	Year 972	9:30 P.M
4. PLACE IN BAI FULL NAME OF HOSPITAL				RONOUNCED DEAD	3. DATE	UNCED DEAD	Month April	Doy 29. 1	Yeor	9:30 P. N
OR INSTITUTION		ity Hos			5. USUAL A. STATE	Maryland	e deceased liv			
6. SEX Male	7. RACE		8. MARE	IED NEVER MARRIED					CITY LIMITS?	
9. DATE OF BIRT		10. AGE (in lost birthday		VED DIVORCED If Under 1 Yr, II Under 24 Months Days Hours	Hrs. E. STREET	AND NUMBER 1613 N. Ap			YES 🔼	№ Ц
10-24- 11. BIRTHPLACE (State or foreign		48. KINI	12. CITIZEN OF WHAT COUNTRY? USA OF BUSINESS OR INDI	13. FATHE	S NAME	TER ME			
done during most of	Working life, ex 1 PLOYE SED EVER IN	ven if retired) U.S. ARMED	FORCE	5? 117. SOCIAL	IB. INFOR	DRED G	PRTER		ADDRESS	
19. E 96	5× 1	OITION DIREC		CAUSE OF	DEATH	ED CARTE	R 1613	N.A.	A	PPROXIMATE INTERVAL WEEN ONSET AND DEAT
DISEASES RISE TO TH	MTECEDENT	mode of dyl c. It meons the ich coused dea CAUSES IONS, IF ANY, USE (A) STAT	th.)	DUE TO	, OR AS A CONSE	7-6	nd of c	enest		
DISEASE OF	ATH BUT NO	II NDITIONS CO T RELATED TO I GIVEN IN PA	THE TERM	INAL						
20A. DATE O	F OPERATIO	N 208. CON	IDMON	FOR WHICH OPERATION	N WAS PERFOR	MED				Yes or No)
UNDERLYING UTING CA	USE OF DEA	ATH. Doy) (Year		228.PLACE OF INJURY home, farm, factory, street Bar 7) 22E.INJURY OCCUR WHILE AT WORK		22C. WHERE DID INJURY OCCUR? "Dutches" 22F. HOWDID IN Shot duri	taverr	n 673 i	W. Bar	
ACTUAL SIGNAT	TURE CH	harle	2		ulcide H	and that on the control of the contr	Undetermir EXAMINER EXAMINER	ned manner		DATE SIGNED
NAME (24A. BURIAL CRE REMOVAL (Spec	MATION, ify)	24B. DATE 5-6-"	72	24C. NAME of CEME	BURN		LOCATION PALTIM		MARU	(State)
VS 151-REV, 3/1/6	MAY S	3 - 1972		2. 0 2. Jaben	MD C	HARLES A.	-7	661 W	BARK	CE ST.
,,,,		N	0.1	and the same of th	1 0 6	o two ()				



April 30, 1972

(Stote)

(City, town, or county)

24D. LOCATION

25C. FUNERAL DIRECTOR

Charles A. Rice

VS 151-REV. 1/1/68

25B. NAME OF REGISTRAR

Charles S. Springate, M.D.

24B. DATE

24C. NAME of CEMETERY or CREMATORY

oudon

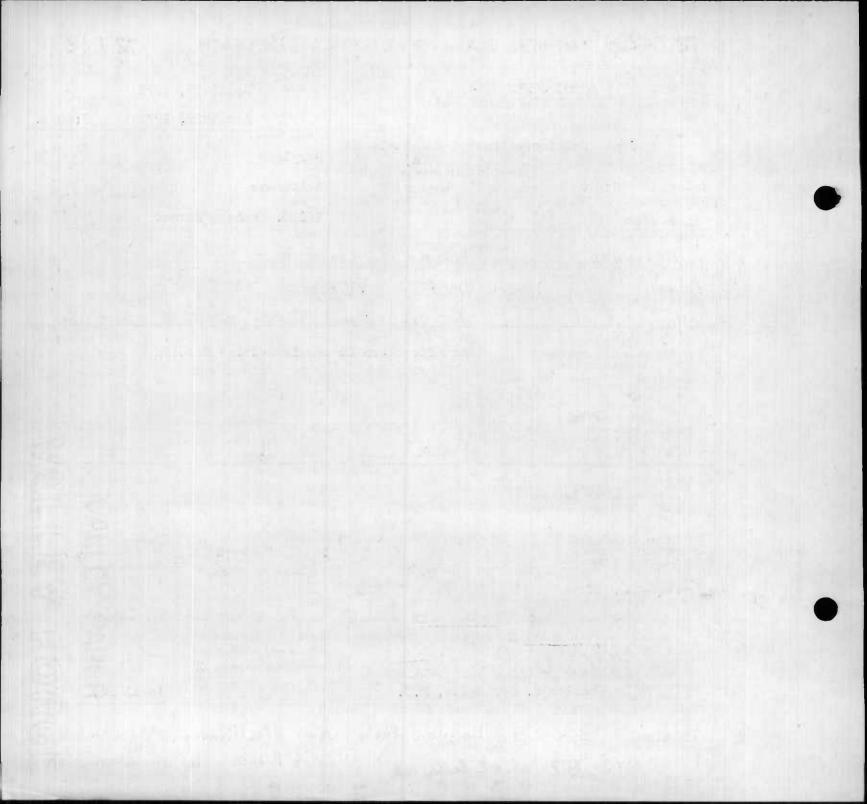
NAME (Type)

24A. BURIAL CREMATION,

25A. DATE REC'D BY HEALTH DEPT.

REMOVAL (Specify)

JURIAL



This certificate must be appraved by the chief medical examiner ar his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct ar contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a haspital (except where the physician who pranaunced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained befare the remains are embalmed or final disposition is made.

	7767 70 04008	TE OF DEATH REG. NO. 56472 04231
	pikin NO.	TE OF DEATH
	Type or Print	2. DATE AND HOUR OF DEATH
∦	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED PRAD	4. USUAL RESIDENCE IWhere deceased lived, Il institution; residence before admission
	WHERE PRONOUNCED DEAD	A. STATE B. COUNTY
Ш	FULL NAME OF HIF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION	Maryland 2703
	INSTITUTION CONTINUE	C. CITY OR TOWN , D. INSIDE CITY LIMITS?
	Warkon U. M.C. of off of 2	Daltenure YES NO
71	1213 Light St. Myso-	E. STREET AND NUMBER
	S. SEX 6. RACE 7. MARRIED AUGUST MARRIED	8. DATE OF BIRTH 19/ AGE (In veges 1) Under 1 Ye II Under 24 Mee
	MARKIED NEVER MARKIED	Illist birthdoy! Months; Doys Hours; Min.
	DAL USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY	60t 1884 87
	done during most of working life, even it retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	Never Worked	Marisland United States
	3. FATHER'S NAME	14. MOTHERS MAIDEN NAME
	Elsich Hall	Mary Diegol
	5. Was Deceased Ever In U. S. Armed Forces? 16. SOCIAL Yes, no or unknown! [Uf yes, give war ar dates of service] SECURITY NO.	17. INFORMANT
	Na 214-54-1627	of tatal 1 Jeannette Smallwood
l	18. /// CAUSE OF DEATH	Chart at Horlos haw 515N. Arling ton Av.
	DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH
Ш	LEADING TO DEATH	ISE Mysocardial Theretion 24 hours
		A CONSEQUENCE OF:
Ш	injury or complication which caused death.)	
H	ANTECEDENT CAUSES (B) Anterior	elevotes Cardinascular Discuse Years
	DISEASES OR CONDITIONS, il any, giving DUE TO, OR AS rise to the above cause (A) stating the	A CONSEQUENCE OF:
	UNDERLYING CONDITION last. (C)	***************************************
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL OISEASE OR CONDITION GIVEN IN PART 1 (A)	
- 11	U 10A DATE OF OBSERTION 1108 COMPINON TOP HOUSE OFFICE	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED
	WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH?
	U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in	n ar about 21C, WHERE DID (If In Boltimore City, give exect location)
	OR CONTRIBUTING CAUSE OF home, form, factory, street, all DEATH (natily medical examines)	fice bldg, INJURY OCCUR?
- 11	21D. TIME (Month) (Dayl (Yearl (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
	OF INJURY (APPROX) While AI Nat While	
1	Work At Work	
	22. I certify that (f) (this hospital) attended the deceased from	
	that M (we) lost sow the deceased alive on 30, 197	ond that In(my) (our) opinion death occurred on the date
	ond hour and from the couses stated above (1) (We) (did) (did not) v. 23A. SIGNATURE	
	0 01	nding Med. Stoff 238. DATE SIGNED
	23C. PHYSICIAN'S DEGREE Phys	Director Phys. May 1, 1972
	NAME (Type)	
	PETER H RHEINSTEIN; MD DEGREE 4A. BURIAL CREMATION, 1248, DATE 124C, NAME of CEMETERY OF CRE	HARBOR VIEW NURSING CENTER
	REMOVAL ISpecify)	MATORY 24D. LOCATION ICity, town, or county! (Stote)
	Burial 5-4-72 John Mesley	Cem. Heterlund, Mod
1	SA. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
	MAY 3 - 1972 Robert E. Jaben 128	Charles a Seco 661 3V. Saire St.
¥	# 1W776 ** 1/1/V9	

M. H doest have any level

g Waterbury Rd. CT to 1213 Left St.

G-600	0 7%	114232	ICATE OF DEATH REG. NO. 72 04232
INAME OF DEC			2. DATE AND HOUR OF DEATH
2 BLACE IN BAL	Hilda	Irene Gohr	April 30, 1972 M. 14. USUAL RESIDENCE (Whore decessed lived. II institution: residence before admission)
FULL NAME OF		AL OR INSTITUTION, GIVE STREET	A. STATE B. COUNTY
HOSPITAL OR	ADDRESS OR LOCA	ATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?
90 M	idtown Nurs	sing Home	Baltimore YES NO
	1	To an analysis of the state of	1721 E. Northern Parkway
Female	Caucasian	WIDOWED DIVORCED	0ct. 7, 09 62 62 63
	UPATION (Give kind of work f working lile, even if retired)	10B, KIND OF BUSINESS OR IND	OUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	Keeper		Maryland USA
13. FATHER'S NA	WE		14. MOTHER'S MAIDEN NAME
	Peter Br		Unknown
Yos, no or unknown	d Ever in U. S. Armed Fo n) (If yos, give wor or dote	213-20-82	17. INFORMANT 228 Mr. Charles Loudenslager Same
OTHER SIGNI TO THE DEASE OR OF THE STATE OF THE DEASE OR OF T	ASE OR CONDITION DI LEADING TO DEATH not meon the mode of , osthenio, etc. It meons mplicotion which coused ANTECEDENT CAUSES OR CONDITIONS, if he obove couse (A) IG CONDITION lost. II IFICANT CONDITIONS CO LITH BUT NOT RELATED TO T CONDITION GIVEN IN PAI OF OPERATION 198. COM WAS PER ENT WAS UNDERLYING UTING CAUSE OF ly medicol exominor) (Month) (Doy) (Yoor)	dying, e.g., the disease, deoth.) Ony, giving stoting the (C)	THE CAUSE PRODUCT OF: A S CONSEQUENCE OF: OR AS A CONSEQUENCE OF: OR AS A CONSEQUENCE OF: 20A. AUTOPSY? (Yos or No) NO Y (e.g., in or obout 21 C. WHERE DID Incet, office bidg., INJURY OCCUR?
	y that (I) (thie hospite s) last saw the decease	l) attended the deceased framed alive an	n 7 to 9 1972 to April 29 1972, 29 1972 and that in (my) (out) apinian death accurred an the date
and haur ar	nd fram the causes sto	ted abave. (I) (#e) (did) (did i	not) view the bady ofter death.
23A. SIGNAT	URE A	1	23B, DATE SIGNED
	from 8	. Deum begree	
23 C. PHYSICI.	Typo)	h S. Blum M.D.	23D. ADDRESS 1115 N. Calvert Street
24A. SURIAL CRI REMOVAL	EMATION, 24B. DATE	24C. NAME of CEMETERY	DEGREE
Bur	ial 5/3/7	2 Lorraine Ce	25C. FUNERAL DIRECTOR ADDRESS
WAT 6	168 JOSE JOSE	S C. Valley ACS	O Leomard J. Ruck Inc. 5305 Harford Rd.

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manager of the State of the State of St

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed ar final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

SETTEN NO.	1-	T-65	3 20 0 1000		HEALTH DEPARTMENT	REG. NO.	72 04233
Control Cont	100		12 09233	CERTIFICA	TE OF DEATH		
MATYLAND OF MADES OF LOCATION OF MATHUMON, GIVE STREET MOSTHALD BALTIMOTE MADES OF LOCATION OF MATHUMON MATYLAND GENERAL HOSPITAL SAME ADDES OF LOCATION HOW BEEN ADDES OF LOCATION OF MATHUMON				CHARLES W.	5-	-2-72	11:45
MACHINE OF GRADERS OR LOCATION ADDRESS OR LOCATION OF INSTITUTION, CAVE STREET MOSTINAL OR COLOR OF ADDRESS OR LOCATION ADDRES	3.	PLACE IN BA	LTIMORE, MARYLAND, WHERE	PRONOUNCED DEAD	4. USUAL RESIDENCE (Whe	re deceased lived. If ins	stitution: residence before admission)
C. STEET AND NUMBER 17.02 Glen Keith Blvd.	H	OSPITAL OR		OR INSTITUTION, GIVE STREET	Maryland c. CITY OR TOWN	Baltimore	
S. SER A.BACE MARRIED NEVER MARRIED A.DATE OF BIRTH I.D. BET IN THE STANDARD A.DATE OF BIRTH I.D. BET IN THE STANDARD I.D. BET IN THE STANDA	1	18	Maryland Gene	ral Hospital	E. STREET AND NUMBER		
Maile Caucasia myloowed Divorced 7-14-90 81 Months	5.	SEX	6. RACE 7. M	ARRIED X NEVER MARRIED	1		
General Baking Co. Maryland USA HOTMAIN Trontzsch IS Was Deceased Ever in U. S. Armed Forces? IS ANAME HOTMAIN Trontzsch IS Was Deceased Ever in U. S. Armed Forces? IS COLOR TO SECURITY NO. 212-07-9808 Mrs Frieda Trontzsch 1702 Glenkeith Blvd. AMAIle A Schmidt ADDRESS 212 3h Mrs Frieda Trontzsch 1702 Glenkeith Blvd. APPROXIMATE INTERVAL ADDRESS 184. / J. S. Armed Forces or CONDITION DIRECTLY LEADING TO DEATH (A) MMEDIATE CAUSE DISEASE OR CONDITION DIRECTLY APPROXIMATE INTERVAL ADDRESS ANATECEDENT CAUSES DISEASES OR CONDITIONS, if only, giving rise in the chove cause (A) sheling the UNDERLYING CONDITION lest. CONDENSITION OF OPERATION 1987. ON ON OPERATION 1987. CONDITIONS FOR WHICH OPERATION 2014. AUTOPSTS (Tes or No.) 2014. If YES, WEEE FINDINGS CONSIDERED IN CERTIFING CAUSES OF DEATH ON OPERATION GOVERNMENT OF THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IAI. USAA AUTOPSTS (Tes or No.) 2014. If YES, WEEE FINDINGS CONSIDERED IN CERTIFING CAUSES OF DEATH OF CONTENSION MAS UNDESTROYED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IAI. USAA AUTOPSTS (Tes or No.) 2014. If YES, WEEE FINDINGS CONSIDERED IN CERTIFING CAUSES OF DEATH OF CONTENSION GOVERNMENT OF THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IAI. USAA AUTOPSTS (Tes or No.) 2014. If YES, WEEE FINDINGS CONSIDERED IN CERTIFING CAUSES OF DEATH OF CONTENSION GOVERNMENT OF THE TERMINAL DISEASE OR CONTENSION WAS PERFORMED 2114. ACCIDENT WAS UNDESTROY TO THE TERMINAL DISEASE OR CONTENSION GOVERNMENT OF THE TERMINAL DISEASE OR CONTENSIO			Caucasianw	DOWED DIVORCED	7-11-90	87	Months Doys Hours Min.
TATHER'S NAME LATE	don	to during most of	working life, even if retired)	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of fore	ign country!	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		Baker		General Baking Co.	Maryland		APIT
15. Was Decessed Ever in U. S. Armed forces? 16. SOCIAL SECURITY NO. 12. INFORMANT 17.	13.	FATHER'S NA	ME			ME	USA
15. Was Decessed Ever in U. S. Armed forces? 16. SOCIAL SECURITY NO. 12. INFORMANT 17.		Harman	Trentzech		4 21 4 0		
SECURITY NO. 212-07-9808 Mrs Frieda Trentzsch 1702 Glenkeith Blvd.	15.	Was Deserved	IN PROPERTY OF THE REAL PROPERTY IN PROPERTY IN	II 6. SOCIAL	AMALLO A S	chmidt	ADDRESS
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., least fellows, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stoling the UNDERLYING CONDITION lest. (S) DISEASES OR CONDITION S, if any, giving rise to the above cause (A) stoling the UNDERLYING CONDITION lest. (C) OTHER SIGNIFICANT CONDITION OF THE TERMINAL DISEASE OR CONDITION OF THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OFERATION IN CONDITION OF FOR WHICH OPERATION 20A. AUTOPSTITIES OF No. 20A. AUTOPSTITIE	(Ye	s, no or unknown	If yos, give war or dates of	service) SECURITY NO.		entech 1700	27231
DISEASE OF CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, eatheria, etc. It means the disease, injury or complication which coursed deeft.] ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stolling the UNDERLYING CONDITION lest. (C) DIFEASES OR CONDITION lest. (C) DIFEASIONIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE OR CONDITION (PROPENTY OF THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION (PROPENTY OF THE DEATH OF OPERATION) DISEASE OR CONDITION (PROPENTY OF THE TERMINAL DISEASE OF CONDITION (PROPENTY OF THE DISEASE OF THE DISEASE OF CONDITION (PROPENTY OF THE DISEASE OF THE DISEA	-	18.///0	. 4		MIS LITERS II.	entesen 1/02	
This does not mean the mode of dying, e.g., heart follow, eatheria, etc. It means the disease, injury or complication which coused death.] ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stoling the UNDERLYING CONDITION (B).		DISEA					
Section Sect		(This does a			SE C		4-WKS.
Injury or complication which coursed death.] ANTECEDENT CAUSES ASC D.		heart failure,	asthenia, etc. It means the	disease.	A CONSEQUENCE OF:		
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stoling the UNDERLYING CONDITION test. (C)		injury or con	aplication which caused deat	h.)			
UNDERLYING CONDITION lest. (C) UNDERLYING CONDITION lest. (C) UNDERLYING CONDITION lest. (C) UNDERLYING CONDITION CONTRIBUTING TO THE TERMINAL DISEASE OR CONDITION FOR WHICH OPERATION 1974.DATE OF OPERATION 1974. CONDITION FOR WHICH OPERATION 1974.DATE OF OPERATION 1974. CONDITION FOR WHICH OPERATION 21A. ACCIDENT WAS UNDERLYING			ANTECEDENT CAUSES	(0)	ASCUD.		
OTHER SIGNIFICANT CONDITION S CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TREMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19B-CONDITION FOR WHICH OPERATION OR CONTRIBUTINO CAUSE OF DEATH IN CERTIFITING CAUSES OF DEAT		rise to the	e above cause (A) stati	ng me	A CONSEQUENCE OF:	######################################	***************************************
Differ Significant Commitons Contributing Differ Significant Commitons Differ Significant			10	\0/************************************		******************	
SAL DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH?	ATION	ITO THE DEAT	FICANT CONDITIONS CONTRIB	MINAL			
OR CONTRIBUTINO GAUSE OF DEATH (notify medical examines) DEATH (notify medical examines)	2	19A.DATE OF	OPERATION 198 CONDITIO	N FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No	20B. IF YES. WERE FI	NDINGS CONSIDERED
OR CONTRIBUTINO GAUSE OF DEATH (notify medical examines) DEATH (notify medical examines)	ERTIF	0	WAS PERFORM	ED		IN CERTIFYING CAU	SES OF DEATH?
22. I certify that (N) (this haspital) attended the deceased from	CAL	DEATH (notify	ITING CAUSE OF	home, form, foctory, street, of	ico bidg., INJURY OCCUR?	(If In Boltimore	City, give exact location)
22. I certify that (N (this haspital) attended the deceased from	ED		(Month) (Doy) (Year) (Ho	ud 21E INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
22. I certify that (N) (this haspital) attended the deceased from	Z						
that (I) (ma) last saw the deceased alive on		22. I constfu	that NA (this barniant) not		E-20 -	• 77: 5-	2 22
and have and from the causes stated above. (I) (%) (did) (dtd-not) view the body after death. 23A, SIGNATURE A. Socks MD DEGREE Phys. 23B, DATE SIGNED 23B, DATE SIGNED 25C, FUNERAL DIRECTOR 24D, LOCATION 24D, LOCATION 24D, LOCATION 24D, LOCATION 25D, NAME OF REGISTRAR 25C, FUNERAL DIRECTOR 25C,							19_/_
23A. SIGNATURE A. Socked MD DEGREE Phys. 23C. PHYSICIAN'S NAME (Type) AME (Type) 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) 25D. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR AMending Med. Director Phys. 23R. DATE SIGNED 24R. DATE					19and the	opini	on death accurred on the date
Attending Med. Shoff State Sta		and haur and	from the causes stated a	bove. (I) (%) (did) (did got) vi	lew the body after death.		
23C. PHYSICIAN'S NAME (Type) HENRY 6, SACKS DEGREE MARYLAND (DEN. HOSPITAL 24A. BURIAL CREMATION, 24R. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (State) Burial 5-2-72 Loudon Park Com. Balto. Md. 25A. DATE RECO BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS		23A. SIGNATU	. N				23B. DATE SIGNED
23C. PHYSICIAN'S NAME (Type) LENRY BURIAL CREMATION, 24R. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) 25D. ADDRESS MARYLAND 24D. LOCATION (City, town, or county) 25D. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS		An	my 13. Da	/11/	Med. Director	Stoff Phys.	5-2-72
Burial 5-2-72 Loudon Park Com. Stock of Registrar 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stock) Burial 5-2-72 Loudon Park Com. 25C. FUNERAL DIRECTOR ADDRESS		23C. PHYSICIA NAME (T	ypel U	2		GEN.	Hospital
Burial 5-2-72 Loudon Park Com. 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS	24A		MATION, 248, DATE	DEGREE	MATORY 24D. LC	CATION (City	, lown, or county) (State)
MAY 3 - 177 Pale E Valle 748 0 0 0 Econard J. Ruck Tree, 5305 Harford Rd	0.5	Burial	5-2-72	Loudon Park Cer	M. Bal	Lto. Md.	
were were warmered to the control of Ruck Inc. 5305 Harford Rd	25A	ANY REC'D	THEALTH DEPT. 258.	NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	Decels T	
/S 150-REV. 1/1/68	VS	150-REV. 1/1/6	OBST VINDOM CO. VIN	alastic (ACS)	Leonard J.	Ruck Inc.	5305 Harrord Rd

Signature of the contract of t

THE STATE OF THE S

2		HEALTH DEPARTMENT REG. NO. 72 04234
	72 04234 CERTIFICAT	IE OF DEATH
Ту	NAME OF DECEASED PO OF Print! ANDREW J. SYKO	2. DATE AND HOUR OF DEATH May 1, 1972 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE B. COUNTY
FU H (ILL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET DEPITAL OR ADDRESS OR LOCATION)	Maryland c. CITY OR TOWN D. INSIDE CITY LIMITS?
IN	1658 Shadyside Road	Baltimore YES NO
4		1658 Shadyside Rd.
I	nale caucasian widowed Divorced	July 16,1899 9. AGE (In years tost birthday) 72 If Under 1 Yr. If Under 24 Hrs Manths Days Haurs Min.
dar	ne during most of working life, even it retired) Lever Bros.Co.	New York, N.Y. 12. CITIZEN OF WHAT COUNTRY USA
3.		4. MOTHER'S MAIDEN NAME
	John Syko	Katherine Mihok
5. Ye	Was Deceased Ever in U. S. Armed Farces? s,na ar unknown) (If yes, give war ar dates of service) 1 6. SOCIAL SECURITY NO.	7. INFORMANT ADDRESS
	no 212-01-8536	Mrs.Gertrude L.Syko, 1658 Shadyside
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Proby ble Rysture aldand tume
	(A) IMMEDIATE CAUS (This does not mean the made of dying, e.g., heart foilure, osthenio, etc. It means the disease,	Probable Rypture Oldanial tumi
	injury or complication which coused death.) ANTECEDENT CAUSES	·
		A CONSEQUENCE OF:
	rise to the above cause (A) stating the UNDERLYING CONDITION tost. (C)	
_	II	
TION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
ERTIFICA	DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
CALC	21 A. ACCIDENT WAS UNDERLYING 21 B. PLACE OF INJURY (e.g., in home, iorm, foctory, street, offi etc.)	or about 21 C. WHERE DtD (If in Baltimare City, give exact location) ce bidg., INJURY OCCUR?
MEDI		21F. HOW DID INJURY OCCUR?
	(APPROX.) While At Wark 22. I certify that (I) (this hospital) attended the deceased fram.	19 6 8 to 19 7 2
	that (I) (we) last sow the deceased alive on	19 2 and that in (my) (our) opinion death occurred on the do
	ond hour and fram the couses stoted obove. (1) (We) (did) (did-net) vi	
	23A. SIGNATURE A.1 ~ A D . Attent	ding Med. Shoff May 2, 1972
	Muliam Vanson TA. DEGREE Phys.	ding Med. Shoff May 2, 1972 3D. ADDRESS Med. Shoff May 2, 1972
	Dr. William P. Benson, Jr.	C 33. 4 . 0500 N 0.3 1 C1
24	A. BURIAL CREMATION, REMOVAL (Specify) 248. DATE 24C. NAME of CEMETERY or CREM	MATORY 24D. LOCATION (City, town, or county) (Stote)
	cremation 5-4-72 Greenmount Crema	
25,	A. DATE REC'D BY HEALTH DEPT. 258, NAME OF REGISTRAR 258, NAME OF REGISTRAR	Leonard J. Ruck, IncBalto, Md.
A	150-REV. 1/16B	Bonda di Contra de la contra del contra de la contra de la contra del la contra de la contra de

efficiency of Distance I garage Company with The Table of auf e re regue vede aud

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Participated in the participation of the second of the sec

24C. NAME of CEMETERY or CREMATORY

Cem

25C. FUNERAL DIRECTOR

4-28-1972 Wash. National

258. NAME OF REGISTRAR

24D. LOCATION (City, town, or county)

Lee F.H. 300-4th St., NE, Wash., D.C

Suitland, Maryland

(State)

24A, BURIAL CREMATION,

REMOVAL (Specify)

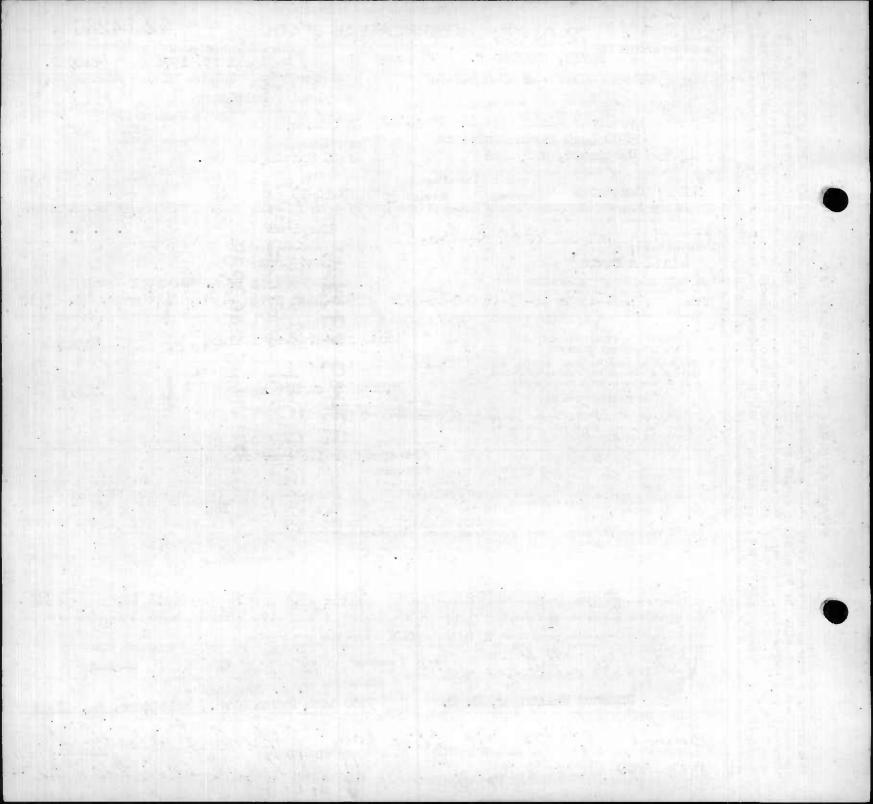
Burial

VS 151-REV, 1/1/6B

24B. DATE

Sopt. id. L. 15. TO KING TO WELL TO THE OWNER OF . Doll amount like W. Approfiles Plumber Male Corp. Lillian B. Borton ELT-60-2619 Haray E. Barwel-frien B - 01-03-03-03 Bookton Maryland L-2E-1972 Udlich, Rattings Den. The state of the s

BALTIMORE CITY HEALTH DEPARTMENT REG. NO. CERTIFICATE OF DEATH pital and of death Such Deceased RIPTH NO 2. DATE AND HOUR OF DEATH LNAME OF DECEASED DAVIS. CHARLES F. (Type or Print) April 29, 1972 8:00 P. LO hospital death. 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) 3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD ance 8. COUNTY Baltimore (2) Maryland (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)
Veterans Administration Hospital FULL NAME OF HOSPITAL OR INSTITUTION cause CITY OR TOWN D. INSIDE CITY LIMITS? (4) Undetermined cause; attend 0 YES A NO 3900 Loch Raven Boulevard Prior E. STREET AND NUMBER contributing Baltimore, Marvland 2926 Huntington Ave. made. regular S. SEX 6. RACE B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. Months: Doys If Under 24 Hrs. 7. MARRIED NEVER MARRIED deceased Hours lost birthdoy Male Caucasian 3-10-13 WIDOWED DIVORCED X 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or loreign country) 12. CITIZEN OF WHAT COUNTRY? isposition done during most of working life, even if retired) c U. S. A. Maryland Printer BdO Railroad SD the 13. FATHER'S NAME 4. MOTHER'S MAIDEN NAME direct Grace Crum William Davis death LO 0 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or datas of service) kind; 17. INFORMANT RECORDS V. A. HOSPITAL ADDRESS 6. SOCIAL final SECURITY NO. 3900 Loch Raven Blvd. Baltimore, Md. 1218 attendance any CAUSE OF DEATH APPROXIMATE INTERVAL pronounced 10 BETWEEN ONSET AND DEATH Acute respiratory failure DISEASE OR CONDITION DIRECTLY med Minutes LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: bal heart failure, asthenia, etc. It means the disease, JD injury or camplication which coused death.) Pulmonary emphysema em regul Years ANTECEDENT CAUSES who DUE TO, OR AS A CONSEQUENCE OF are DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the physician remains UNDERLYING CONDITION last. Was medical Artherosclerotic cardiovascular OTHER 3...
TO THE DEAM.
TO THE OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL physician DISEASE OR CONDITION GIVEN IN PART 1 (A) (2) Body 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yos or No) 208, IF YES, WERE FINDINGS CONSIDERED IN GERTIFYING CAUSES OF DEATH? the 0 Yes 21 B. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID home, lorm, loctory, street, office bldg., INJURY OCCUR? where (If In Boltimore City, give exact location) hospital °Z etc.) nature; obtained (Hour) 21E INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? 9 Not While (except While At Work At Work pup to the any 22. I certify that (1) (this hospital) attended the deceased fram... April 19 that (M(we) last saw the deceased alive an... and that in (my) (aur) apinion death occurred an the date pe of eath) 0 must and haur and fram the causes stated abave. (1) (We) (did) (did Nat) view the bady ofter deoth. hospit accident 23A. SIGNATURE 23 B, DATE SIGNED ō Attending [4-30-72 0 Director L approval 0 23C. PHYSICIAN'S 23D. ADDRESS prior V. A. Hospital 40 NAME (Type An Richard Mellinger, M. D. 3900 Loch Raven Blvd., Baltimore. DEGREE d 24A. BURIAL CREMATION, 24B. 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION eceased o the body REMOVAL Specif written Ö Was DEPT. ADDRESS 25E. FUNERAL DIRECTOR



ACTUAL
SIGNATURE

SIGNATURE

EXAMINER'S
NAME (Type)

Charles S. Springate, M.D.

ASSOCIATE MEDICAL EXAMINER

APril 30, 1972

Control of Cemetery of Crematory

BURIAL

SIGNATURE

Control of County

Signature

April 30, 1972

Control of County

County

Control of County

Signature

April 30, 1972

Control of County

Signature

April 30, 1972

Control of County

County

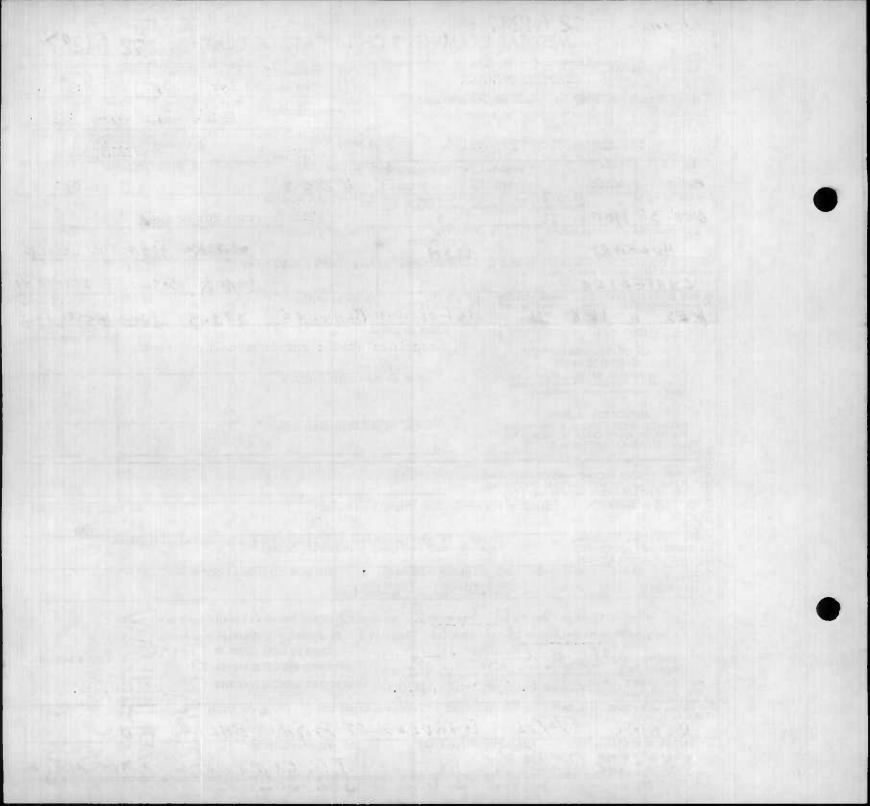
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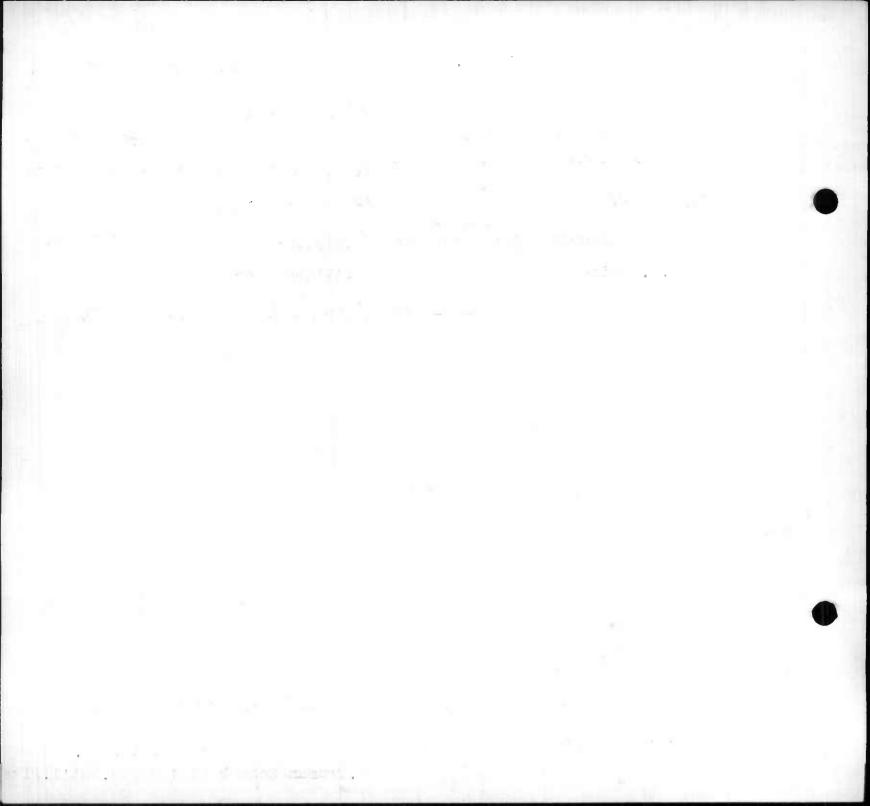
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the written approval must be obtained before the remains are embalmed or final disposition is made.

	BALTIMORE CIT	Y HEALTH DEPARTMENT		
1-200 72 042 BIRTH NO.	100	TE OF DEATH	REG. NO	72 04238
1. NAME OF DECEASED		2. DATE AN	D HOUR OF DEATH	
TWIGG,		BERT APRIL	29, 197	2 1 3:45P M
3. PLACE IN BALTIMORE, MARYLAND, WHERE P		A. STATE B. COUN	o deceased lived. If i	institution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR I ADDRESS OR LOCATION)	NSTITUTION, GIVE STREET		GHENY	2100
NSTITUTION ST AGNES HOSPIT		C. CITY OR TOWN C UMBER LAND	D. IN	SIDE CITY LIMITS?
WILKENS & CATON	AVES.	E. STREET AND NUMBER		YES NO
BALTO. MARYLAND	, 21229	BEDFORD RD.	RT. #3 B	OX 247
MALE WHITE WIDO	RRIED NEVER MARRIED DIVORCED DIVORCED	03 05 96	ost birthdoy)	H Under 1 Yr. II Under 24 Hrs. Months Doys Hours Min.
IOA, USUAL OCCUPATION (Give kind of work 108, KIN Sone during most of working life, even if refired)	ID OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreign	gn country)	12. CITIZEN OF WHAT COUNTRY?
RETIRED - INSPECTOR	B& 0	MARYLAND		U.S.A.
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	AE .	0.3.7.
HENRY TWIGG		ANNIE SHAW	1	
S. Wes Deceased Ever in U. S. Armed Ferces? 'es, no or unknown) Uf yes, give war or dates of ser	vice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
NO	705 09 981	ST AGNES REC	ORDS WILK	ENS & CATON AVES
18, / /, / 🔾	CAUSE OF DEAT		ONDS WILL	APPROXIMATE INTERVAL
DISEASES OR CONDITIONS, if any, sise to the above cause (A) staling UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTE TO THE DEATH BUT NOT RELATED TO THE TERMINATION OF THE TERMINATION	(c)	A CONSEQUÊNCE OF:		
OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO THE TERMI DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19B CONDITION WAS PERFORMED 21A-ACCIDENT WAS UNDERLYING	FOR WHICH OPERATION	20 A. AUTOPST? (Yes or No)	20 B. IF YES, WERE	FINDINGS CONSIDERED
2) A ACCIOCNE WAS INDESCRIBED		NO		
OR CONTRIBUTING CALLER OF	21& PLACE OF INJURY (e.g., home, form, foctory, street, o etc.)	ffice bldg., INJURY OCCUR?	(If In Boltimo	re City, give exact location)
DEATH (notify medical examined) 21D.TIME (Month) (Day) (Year) (Hour) OF INJURY (APPROX.)	21E INJURY OCCURRED White At Not White At Work		IRY OCCUR?	
22. I certify that X1X(this hospital) attend			9 72 to AE	PRIL 29, 19 72
that () (we) last saw the deceased alive	an APRIL 29	19 72 and the	t in (Xy) (our) api	inian death occurred on the date
ond hour and fram the causes stated aba	ve.X(W (We) (did) (dydxnbil)	view the bady after death.		
23A. SIGNATURE				238, DATE SIGNED
1/2005	OL.,	ending Med. S	hy K	A DD 11 00 1070
23C. PHYSICIAM'S NAME (Type KA KA NTOUS I, V	DEGREE	23D. ADDRESS		1APRIL 29, 1972
	ASILIO M.D.	ST AGNES HOS	LITAL MI	LKENS & CATON AV
REMOVAL (Specify) May 2,1972	Mt. Herman Cen			ity, town, or county) (State)
	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	per rand,	Allegany, Ma.
1AY 3 - 1972 Robert E. Jak		10	neral Home	Comberland Md.
\$ 150-REV. 1/1/68			TOMO TOMO	- morning, ma.

THE STATE OF THE S TAS & CONTRACT SERVER OF THE STATE OF STATE OF STATE May 2,1492 Mi. ev un Geroberg Eleber Lart, Allerth, Mil

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death, Such written approval must be obtained before the remains are embalmed or final disposition is made.

	BIRTH NO. 12 04239 CERTIFICA	TE OF DEATH REG. No. 72 04239
	1.NAME OF DECEASED LORENZO C.SMITH	2. DATE AND HOUR OF DEATH 4-28-1972 8:15 A
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE B. COUNTY
	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) LUTheran Hospital Lutheran Hospital	MARY AND C. CITY OR TOWN D. INSIDE CITY LIMITS? PAIT MORE NO [X] NO
	DAltimore, Md. 21216	1007 VANDERWOOD Rd. 21228
3	5. SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. II Under 24 Hrs. Manths Doys Hours Min.
2	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY	
	Retired Salesman Life Insurance	Uleainia 11.5.A.
	C.S. Smith	14 MOTHERS MAIDEN NAME
	15. Was Deceased Ever in U. S. Armed Ferces? 11 6. SOCIAL	Lillian More
	Yes WW I 212-05-3843	LENA T. Smith SAME
	18. 199.0 I CAUSE OF DEAT	
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A)IMMEDIATE CAL	CARCINION ATTOSIS
		A CONSEQUENCE OF:
	ANTECEDENT CAUSES	
	I am to the above codes (W) Stolling file	A CONSEQUENCE OF:
	UNDERLYING CONDITION lost (C)	
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 [A]. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 1	
	19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A-AUTOPSY? (Yes of No.) 20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	OR CONTRIBUTING CAUSE OF home, larm, loctory, street, of etc.	n or obout 21C, WHERE DID (If in Boltimore City, give exect location) fice bldg, INJURY OCCUR?
	21D. TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED (APPROX.) While At Not While	21F. HOW DID INJURY OCCUR?
	22. I certify that (I) (this hospital) ottended the deceased from	1 10 70 1 20 72
	that (I) (we) last saw the deceased alive on	19 72 and that In(my) (aur) opinion death occurred an the date
	and haur and from the causes stated above. (1) (W6) (dld) (dld hat) v	lew the body ofter deoth.
	M.D. AHE	nding Med. Shaff A 28.72.
	SAMUEL J. EDWIN M.D.	Lutheran Hapital, Balts., Md. #16.
2	AA. BURIAL CREMATION, 24B. DATE 24G. NAME of CEMETERY of CRE	MATORY 24D. LOCATION (City, lown, or county) [State]
12	Burial 5/1/1972 Crest Lawn	Howard County, Md.
	MAY 3 - 1972 Rober E. Jacks, R.D. O.	G. Truman Schwab 5151 Balto. Nat'l. Pike
V	'S 150-REV. 1/1/68	



was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

,	1) Int	BALTIMORE CITY	HEALTH DEPARTMENT		72 04210
U	1-425 72 04240	CERTIFICA	TE OF DEATH	REG. NO.	12 03210
	TH NO.	OEKTII 167 K			
/T	DE OF DECEASED			D HOUR OF DEATH	44.05
	John J. Wilson PLACE IN BALTIMORE, MARYLAND, WHERE PRO			il 24,1972	11:05 a. M.
3. 1	PLACE IN BALTIMORE, MARYLAND, WHERE PRO	ONOUNCED DEAD	4. USUAL RESIDENCE (When A. STATE B. COUN		nstitution: residence before admission)
FU	LL NAME OF (IF NOT IN HOSPITAL OR IN	STITUTION, GIVE STREET	Md.		2534
HC	LL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION) STITUTION		C. CITY OR TOWN	D. INS	IDE CITY LIMITS?
	3911 5th St.		Baltimore		YES NO
1		220	E. STREET AND NUMBER		
U	Brooklyn, Md. 212	(2)	3911 5th St.		
5. 5	SEX 6. RACE 7. AAADE	RIED X NEVER MARRIED		9. AGE (In years	If Under 1 Yr If Under 24 Hrs.
	AA I IIII A A			lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	THE MILES	VED DIVORCED	Jan. 16,1908	04	
	USUAL OCCUPATION (Give kind of work 10B, KIN) during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?
	0	Pharmacy	Manuland		U.S.A.
13.	FATHER'S NAME	rabunity	Maryland 14. MOTHER'S MAIDEN NAM	ME	4.5.71.
	0 1 11 111 . 1		0 11		
	John H. Wilson		Jeanette Ha	umon.	
15. (Ye:	Was Deceased Ever in U. S. Armed Forces? s, no or unknown) (If yes, give wor or dates of servi	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	Yes WW 11	212-07-8002	Dorothy M. Wils	ma(W: 10/201	1 5+h S+ Balfa 22)
	18. / 6 2 / 1	CAUSE OF DEATH	1 DOIWANG I'M WAXE	org water) 71	APPROXIMATE INTERVAL
	100101				BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		- 100	* ++-1.	- I have the
	(This does not mean the made at dying,	e.g., (A) IMMEDIATE CAU	SE Promise M	econic c	Y/s A
	hearl failure, asthenia, etc. It means the dise	ase,	CONSEQUENCE OF:		
	injury ar camplication which caused death.)	(000)		1	•
	ANTECEDENT CAUSES	(B) Rey	noted belower	Common	a I much
	DISEASES OR CONDITIONS, if any, gi	A /-	A CONSEQUENCE OF	to it.	
	rise Ia lhe abave cause (A) stating UNDERLYING CONDITION last.	The Color	Or at some	~5	
	ONDERENTO CONDITION TOSI.	(0)	marine to be for the second	Dolmala	
z	ll l				
ION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTI				
A	DISEASE OR CONDITION GIVEN IN PART 1 (A).		120A AUTOBOVA (V N.	1 200 tr vec weep	TINDINGS CONSIDERED
ERTIFIC	19A. DATE OF OPERATION 198. CONDITION F	OR WHICH OPERATION	20 A. AUTOPSY? (Yes at No.	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
ERI	0412/12	700 00	No		
U	OR CONTRIBUTING CAUSE OF	21 B. PLACE OF INJURY (e.g., in home, farm, factory, street, of	fice bldg, INJURY OCCUR?	(If in Baltimar	re City, give exact location)
AL	DEATH (notify medical examiner)	etc.)			
EDIC	21 D. TIME (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
Σ	(APPROX.)	While At Not While			
	(7,1,10,10)	Work At Work			
	22. I certify that (I) (this haspital) attend	ed the deceased fram	1	19ta	19
	that (1) (we) last saw the deceased alive	an 4/24	19 and the	at in(my) (aur) apl	nian death accurred an the date
	and haur and from the causes stated abov	e. (1) (We) (did) (did nat) v			
	23A. SIGNATURE		ton the bady after double.		23 B. DATE SIGNED
	10901.	/ A Atte	nding Med.	Staff	11.51
	1 De houry	DEGREE Phys		Staff Phys.	4/27/2
	23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS		
-			0 6 . 11 6		
	Dr. Paul J. Chana		XO1 (nain Huy)	of Ulan Ku	unia Md. 21061
24A	Dr. Paul J. Chang	C. NAME of CEMETERY OF CRE	801 (rain Hwy S	ocation (C	ity, town, or county) (Stote)
1 4	Dr. Paul J. Chang REMOVAL (Specify) 248, DATE 24		MATORY 24D. LO	OCATION (C	
1 4	Dr. Paul J. Chang REMOVAL (Specify) 248, DATE 24 Burial 4/27/72	Cedar Hill Cemer	tenu Rit	chie Hum An	
1 4	Dr. Paul J. Chang REMOVAL (Specify) 248, DATE 24	Cedar Hill Cemer	tery Rit	tchie Hwy, An	ne Arundel (o., Md.
1 4	Dr. Paul J. Chang REMOVAL (Specify) 248, DATE 24 Burial 4/27/72	Cedar Hill Cemer	tery Rit	tchie Hwy, An	

Tell the state of . SZ-AS2 1/95 See. 16,1907 60 Parameter Commercial C

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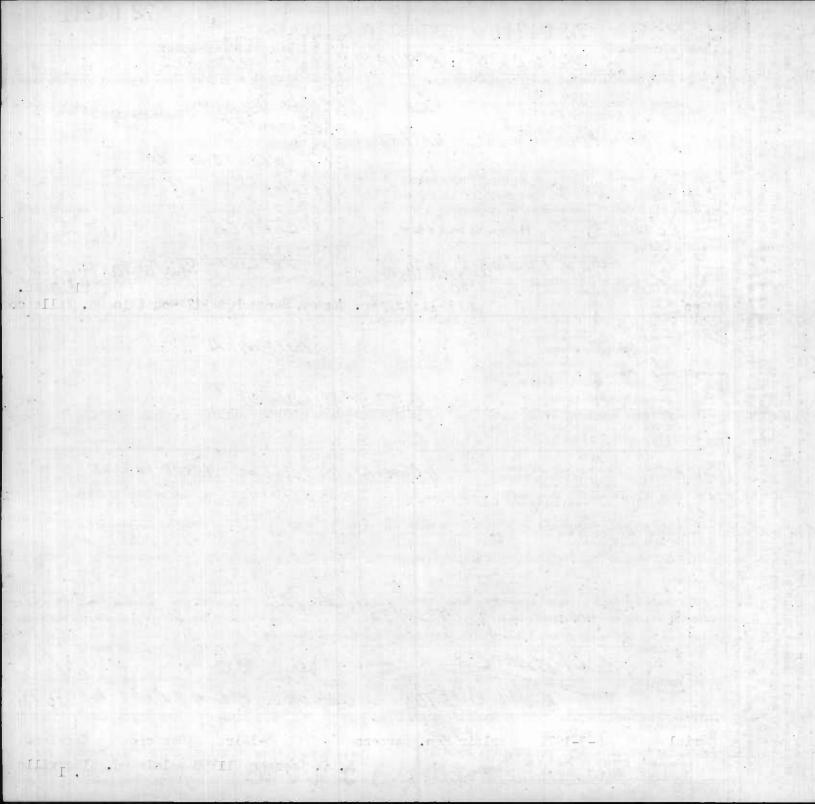
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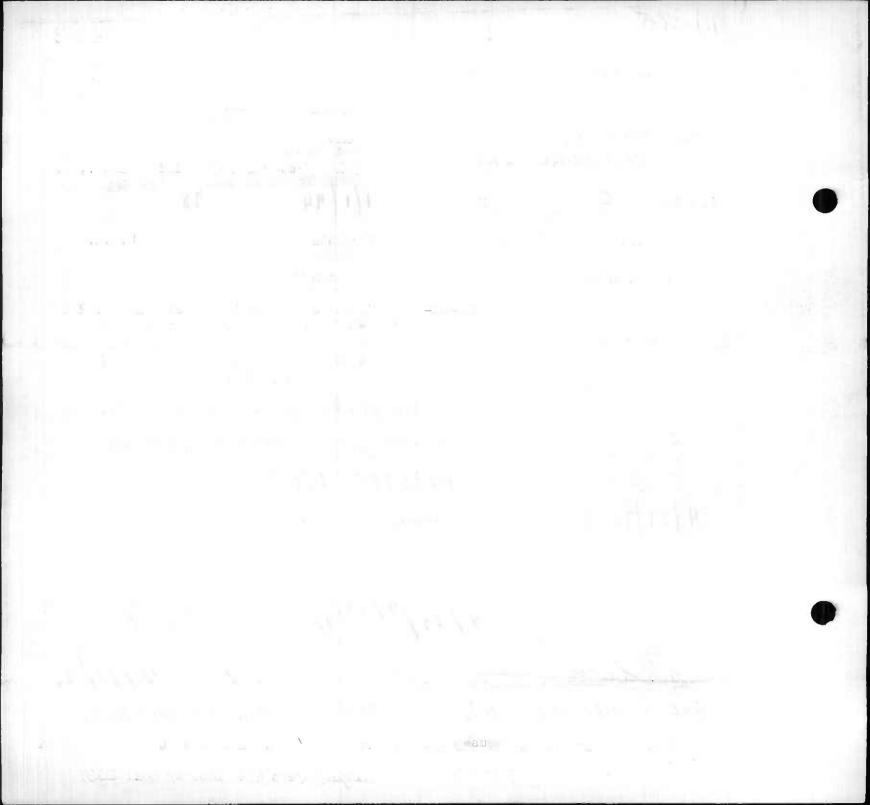
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

1	BALTIMORE CITY	HEALTH DEPARTMENT		72 04211
D-626 72 04241		TE OF DEATH	REG. NO.	re oneil
1, NAME OF DECEASED BURGHARDS	T, MIRIA	M 2. DATE AND	1/30/72	535 AM.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCE				itution: residence before admission)
FULL NAME OF (IF NOT IN HOSMTAL OR INSTITUTION ADDRESS OR LOCATION)	ON, GIVE STREET	C. CITY OR TOWN	D. INSID	E CITY LIMITS?
HINION MEMORIAC	MARRITA	BALTIM	RE	YES NO
1000000 110 10 PAINC	HOSPITA	317 MOU.	NTAIN L	'd
S. SEX 6. RACE WhITE WIDOWED WIDOWED	DIVORCED		AGE (In years ost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
16A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BU	ISINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	n country)	12. CITIZEN OF WHAT COUNTRY?
LETILED Home	maker		CA.	USA.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	E Al all Man	
THE NOWNac	hnet Mahi	UNX	Nowing	Motte Huris
(Yes, no or unknown) (If yes, give wor or dotes of service)	SECURITY NO.	17. INFORMANT		ADDRE 21047 Md.
no 2	119-16-8317	Mr. Herman Burgh	ardt 317 Mou	intain Rd. Fallston
DISEASE OR CONDITION DIRECTLY	CAUSE OF DEATH		nin.	APPROXIMATE INTERVAL
LEADING TO DEATH	(A) IMMEDIATE CAU		/// /	
(This does not meon the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which coused death.)		A CONSEQUENCE OF:	, 2	
ANTECEDENT CAUSES	(8) 6.I.	MACIGNANC	Y:	
DISEASES OR CONDITIONS, if ony, giving rise to the obave couse (A) stoling the UNDERLYING CONDITION lost.	DUE TO, OR AS	A CONSEQUENCE OF:		
11				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	UREMI	A, CONGESTIO	IC HEART	FAILURE
19A. DATE OF OPERATION 19B. CONDITION FOR WHI WAS PERFORMED	ICH OPERATION	20 A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FILL IN CERTIFYING CAU	NDINGS CONSIDERED SES OF DEATH?
		n or obout 21C. WHERE DID fice bldg., INJURY OCCUR?	(II In Boltimore	City, give exact location)
OF INJURY	JURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
(APPROX.) While Work	At Work			
22. I certify that (1) (this hospital) attended the	deceased/from	4/36 /72 1	7ta	4/30/72 19
that (I) (we) last saw the deceased olive on	1117017	-//		on deoth accurred on the dote
ond hour and from the couses stated above. (1) (We) (did) (did not) v	lew the bady after death.		
23A. SIGNATURE PAUL BAS SONC	OEGREE Atte		Shaff Phys.	4/30/7 L
23C. PHYSICIAN'S NAME (Type) A. JEL E		UN, ON	MEMBE	IAL HOSDITH
24A. BURIAL CREMATION, 24B. DATE 24C. NAM	E of CEMETERY of CRE	MATORY 24D. LO	CATION (City	, town, or county) (State)
	ir Mem. Gard	ens Bel	Air Hari	ford Maryland
25A, DATE REC'D BY HEALTH DEPT. 25B, NAME OF		E Lassahn	11750 Bela	ADDRESS
VS 150-REV. 1/1/68				



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1	M-265	04242		HEALTH DEPARTMENT	REG. NO	72 04242
1.	RTH NO. NAME OF DECEASED ype or Print)	1			AND HOUR OF DEATH	
	VEKILE	MC REYN	JOLDS	APR	L 29th 19h	12 1 7 - A. M.
	PLACE IN BALTIMORE, MARYLAND			A. STATE B. CO	UNIT	stitution: residence before admission)
II H	ULL NAME OF (IF NOT IN HO OSPITAL OR ADDRESS OR L	SPITAL OR INSTIT	UTION, GIVE STREET	Maryland c. City or jown	Baltimore	DE CITY LIMITS?
111	SINAI HOSPITAL	- OF		Baltimore		YES NO A
١	BALTIMO!	RE IN	IC.	818 Victor		207 Balto.,Md.
5.	SEX 6. RACE		NEVER MARRIED	8. DATE OF BIRTH		II Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
10	A. USUAL OCCUPATION (Give kind of	WIDOWED		1/1/94	9. AGE (In years last birthdoy) 7 8	
do	ne during most of working life, even if retir	ed)	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or fo	oreign Country)	12. CITIZEN OF WHAT COUNTRY?
13.	Homemaker FATHER'S NAME	Home		Virginia	AME	U.S.A.
	1				AME	
15.	unknown Was Deceased Ever in U. S. Armed	Forces?	1 6. SOCIAL	unknown		ADDRESS
1100	NO (If yes, give wor or	doles of service)	231-12-7038	Floyd McReynol	Lds 3838 Vict	oria Ave. 21207
	18.4/19 1 1 2	5110	CAUSE OF DEATH			APPROXIMATE INTERVAL
	DISEASE OR CONDITION					BETWEEN ONSET AND DEATH
	(This does not mean the mode heart failure, asthenia, etc. It me	of dying, e.g.,	(A) IMMEDIATE CAU	SE CONGESTIVE	MADILS M	LURE Zdays
	injury or complication which cau	sed deoth.)				
	ANTECEDENT CAU DISEASES OR CONDITIONS,		(B) CORON	ARY DISEASE	+ HYPERTENS	BYON SEVERAL YEAR
	rise to the above couse I UNDERLYING CONDITION lost	A) stoting the		SCLEROTIC CA		
	11		(c)//////-///(C)	SCEENVILL CA	CYTOURSCOLAK	NISERSE
ATION	OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RELATED T DISEASE OR CONDITION GIVEN IN	O THE TERMINAL	DIABET	ES MELLIT	TUS	
CERTIFIC	19A. DATE OF OPERATION 19B. C	ONDITION FOR V	VHICH OPERATION	20A. AUTOPSY? (Yes or	No. 208, IF YES, WERE F	INDINGS CONSIDERED
CER	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	E DCLUSSIAN	PLACE OF INJURY Com. in	RTHERY NO		City, give exact facation)
CAL	OR CONTRIBUTING CAUSE OF DEATH (notify medical examinate)	hom etc.)	e, form, factory, street, of	ice bidg., INJURY OCCUR?	fit its permitted	City, give exact location;
MEDI	21D. TIME (Month) (Day) (Ye OF INJURY		INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
-	(APPROX)	Wor		'兄 /		/ /
	22. I certify that (1) (this haspithat (1) (we) last sow the dece		e deceased from 14	/ 27 / 19 72 and 1	19 72 to 4	19 72 Ion deoth accurred on the date
	and have and from the couses s) (We) (did) (did not) vi			ion death accurred on the date
	23A. SIGNATURE					
	MANUE		DEGREE Phys.	Iding Med. Director	Staff Phys.	4/29/72
	23C. THYSICIAN'S NAME (Type)	1011	1 h	3D. ADDRESS	0 = 0	44-
24/	A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NA	ME of CEMETERY OF CRE	MATORY HUSPI	TAL OF B	HLTIMORE (s town, or county) (State)
	BURIAL May 4	,1972 1 E	dush on Cer			County Virginia
25/	MAY 3 - 1972 HOLE	BE JAMBE		25C. FUNERAL DIRECTO		ADDRESS
VS	150-REV. 1/1/68			U 23 - U	7	



IMPORTANT DIRECTOR: FUNERAL

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VS 150-REV. 1/1/68

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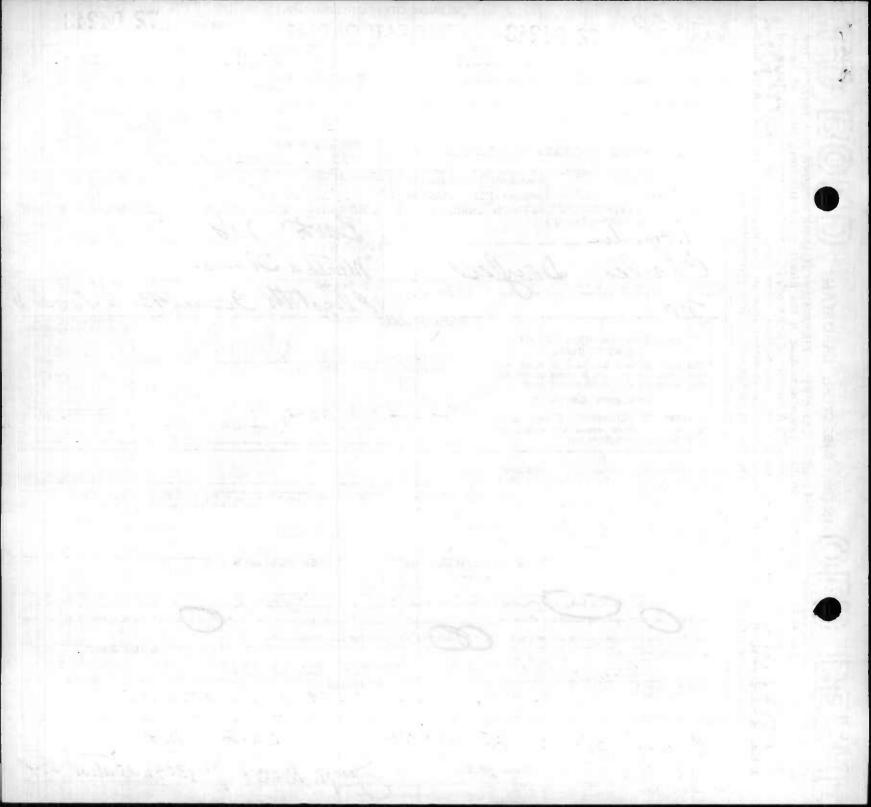
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(4) Undetermined cause;

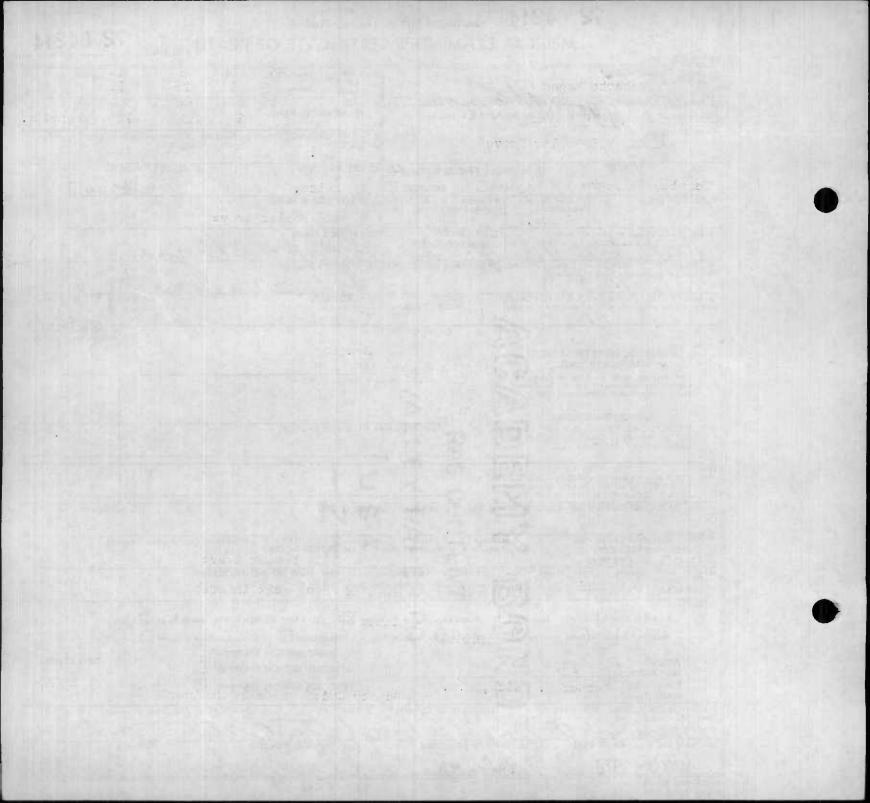
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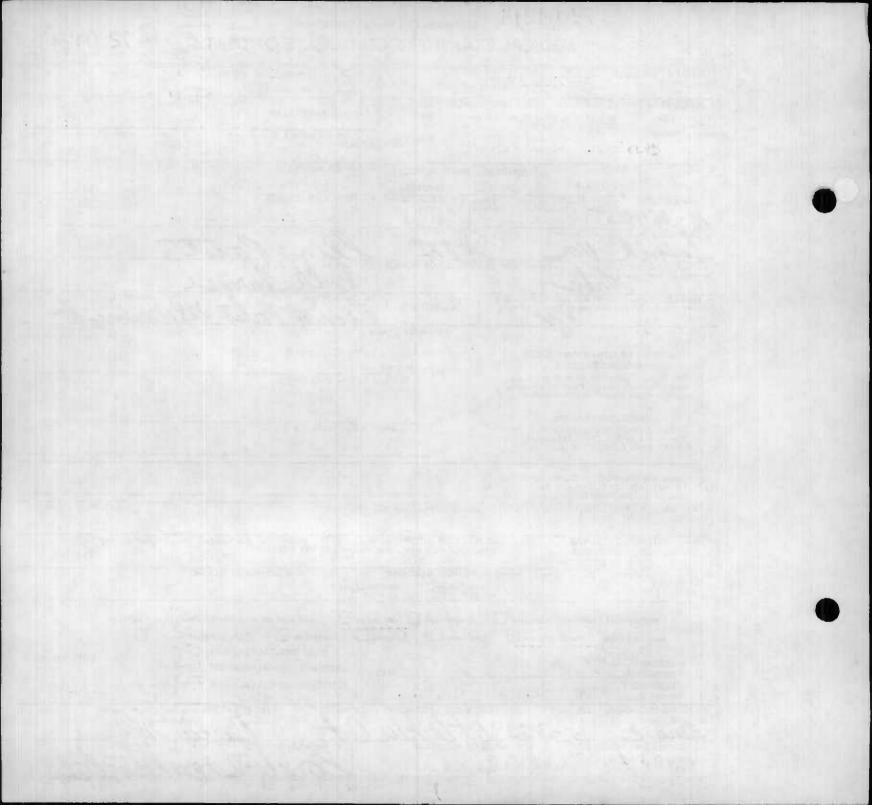
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH 5/1/72 (Type or Print) HOWARD, Lottie 6:30 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A. STATE
B. COUNTY 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD Maryland FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) Carror Town Baltimore D. INSIDE CITY LIMITS? YES TH NO E. STREET AND NUMBER The Johns Hopkins Hospital 439 E. Lanvale Street 8. DATE OF BIRTH 9. AGE Un years lost birthdoy) Hours : Min. 5. SEX 6. RACE If Under 1 Ya 7. MARRIED NEVER MARRIED Negro Female 9/12/00 WIDOWEDKK DIVORCED 10A USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during mest of working life, even if refired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. Wes Decessed Ever in U. S. Armed Forces? (Yes, no or unknown) lif yes, give war or dates of (service) 6 SOCIAL 7. INFORMANT SECURITY NO. CAUSE OF DEATH 18. BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, DUE TO, OR AS A CONSEQUENCE OF injury or complication which caused death.) ANTECEDENT CAUSES DUE TO, OR AS A CONSEQUENCE OF DISEASES OR CONDITIONS, If any, giving rise to the above cause (A) stating the mondle UNDERLYING CONDITION lost OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN (N PART 1 (A). 19A-DATE OF OPERATION 119% CONDITION FOR WHICH OPERATION 20A AUTOPSYR (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED colon 2TA. A CCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218 PLACE OF INJURY (e.g., in or about 21 C. WHERE DID home, farm, fectory, street, office bidg., INJURY OCCUR? (II In Boltimore City, give exact location) MEDICAL DEATH (notify medical examined 21D. TIME OF INJURY (Month) (Doy) (Year) (Hous 21E INJURY OCCURRED 215. HOW DID INJURY OCCUR? Not While While At [[APPROX.] Work At Work 630x14 22. I certify that (I) (this hospital) attended the deceased from. that (1) (we) last saw the deceased alive an and that in (my) (aur) spinlan death occurred an the date and haur and from the causes stated above. (I) (We) (did) (did not) view the body after death. 23A. SIGNATURE 238 DATE SIGNED Attending | Med. Staff N Director ___ Phys. 23C. PHYSICIAN'S 23D. ADDRESS NAME IType Henry A. Pitt. M.D. The Johns Hopkins Hospital 24A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION City, town, or county! REC'D BY HEALTH DIPT. NAME OF REGISTRAR 35C. FUNERAL DIRECTOR



10 -	12 U	i<14	BALTIMORE CITY HE	ALTH DEPAR	RTMENT				
1-250	172 CZ ME	DICAL	EXAMINER'S	CERTIFIC	CATE OF	DEAT	TH REG. NO.	72	0.214
BIRTH NO. //	11433						REG. 140.		
I. NAME OF DEC	eased oberta Raga	n		2. DATE OF	Known 2	Month 4	25	72	Hour
	4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD				Estimated [Haur
FULL NAME OF		TAL OR INST	TUTION, GIVE STREET	3. DATE PRONOL	INCED DEAD	Manth 4	25	72	11:20 a
OR INSTITUTION	926 Pop1	ar Gro	ve	A. STATE	ESIDENCE (Where	e deceased	B. COUNTY	n: residence b	efore admission)
6. SEX	7. RACE	8. MARRI	ED NEVER MARRIED	C. CITY OR			D. INSIDE C	ITY LIMITS?	000
female	Negro	WIDOW		Ва	lto.		Y	ES A	10 🗆
9. DATE OF BIRTH	last birth	day)	If Under 1 Yr. if Under 24 Hrs. Months: Doys Haurs Min.	E. STREET A	ND NUMBER	Grove			
11. BIRTHPLACE (SI	ate or foreign country	nos.	2. CITIZEN OF	13. FATHER'	-	01010			
Port	Tarens /	mil	WHAT COUNTRY?	Do	le Ait	20 6	2.0.	î	
14A.USUAL OCCUP	ATION (Give kind al wo	NI4B. RIND	OF BUSINESS OR INDUSTRY	15. MOTHE	S'S MAIDEN NA	ME	Clesar		
done during mast of we	orking lile, even if retire	۵)		10	- 0	m	Dand	2000	
16. WAS DECEASE	D EVER IN U.S. ARM	ED FORCES	17. SOCIAL	18. INFORM	MANT	MCK,	A	DDRESS	1
(res, no ar unknown)	ni yes, give war or dok	es of service)	SECURITY NO.	Pin	no m	202	Fred TX	51	for &
19.	13.0		CAUSE OF DEA	TH	ou fit	(Kaf A	ageas		ROXIMATE INTERVAL
DISEASE	OR CONDITION DI	PECTLY		Hangi	ng			BEIWI	EN ONSET AND DEAT
	EADING TO DEATH		(A)IMMEDIATE C		o .				
(This does no	t meon the made of asthenio, etc. It means	dying, e.g.,		S A CONSEQ	UENCE OF:				
Injury or com	plication which caused	de oth.)							
AN	TECEDENT CAUSES		(R)						
DISEASES O	R CONDITIONS, IF A	NY, GIVING	(B) DUE TO, OR	AS A CONSEC	UENCE OF:				
II UNDERLYIN	G CONDITION LAST		(c)						
[일 	11								
I O THE DEA	FICANT CONDITIONS TH BUT NOT RELATED TO CONDITION GIVEN IN	TO THE TERMI	NG NAL						
204 DATE OF			OR WHICH OPERATION WA	S PERFORM	ED			21. AUTOF	SY? (Yes ar No)
000									yes
Z22A. EXTERN	AL CAUSE WAS	2	2B.PLACE OF INJURY(e.g., ame, larm, lactary, street, affice	In or about 2	2C. WHERE DID	(II In Saltimo	re City, give exc	act location)	
UNDERLYING	SE OF DEATH	h	ame, larm, lactary, street, affice	bldg., etc.) If	926 Popla	r Gross	re /	63	6
≥ 220. TIME ()		ear) (Hour)	22E.INJURY OCCURRED		2F. HOW DID IN			EP 10	- 607
OF INJURY (APPROX.)	4 25 7	2 unl	WHILE AT NOT AT W	WHILE X	Hung self	in cr	ib		
23.				ORK L					
[certi	fy that I held on	Inquiry	Inspection Aut	op sy XX	and that an ti	his basis,	death in my	opinion	
resulte	ed from Natural co	ouses 🗌	Accident Suicid	• ☐ Ho	micide 🗌	Undeterm	Ined manner		
ACTUAL	100		2	(HIEF MEDICAL E	XAMINER			ATE CIONED
ACTUAL	RE/UWW	Sol	M.D.	ASSIS	STANT MEDICAL E	XAMINER			DATE SIGNED
EXAMINE NAME (Ty	pe) WCITCI		z, M.D.	Asso puty Ch	ciate MEDICAL E	EXAMINER al Exa	miner		4/25/72
24A. BURIAL CREM REMOVAL (Specily	ATION, 24B. DATE		24C-NAME of CEMETERY	or CREMATO	RY // 24D.	LOCATION	City, town	, or county)	(Stote)
Burk	4-2	7-72	In Tuly	1-10	2/1	Dell	18	mo	/
25A. DATE REC'D B	BY HEALTH DEPT.	25B. NA	ME OF REGISTRAR	25C	UNERAL DIRECTO	OR	Ä	DDRESS	
MAY 3 -	- 1972 72	. S. E. 3.	LiBen M.D	9/	101/7	1/1/1	17. 18	01/2	really
VS 151-REV. 1/1/68	N/ 0	0'11'	1600 4	- Lu	17-4 (11)	MAL	01/01	Ol de	WILLOUIL



0,2	, 12 0	1245	BALTIMORE CITY HE	ALTH DEPA	RTMENT				
1-630	MED	ICAL E	XAMINER'S	CERTIFI	CATE OF	DEATH	1	72 (04245
BIRTH NO.							REG. NO.		
1. NAME OF DEC	EASED WALTE	R PORTE	R	2. DATE OF	Known K	Month	Doy	Year	Hour
				DEATH	Estimoted 🗆	April			M
FULL NAME OF	TIMORE, MARYLAND, V			3. DATE	UNCED DEAD	Month	Doy	Year	Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)					RESIDENCE (Where	April			6:50 PM
OK INSTITUTION	19 N. Culv	er Stre	et	A. STATE			. COUNTY	residence be	erore damission)
6. SEX	I7. RACE	IR	☐ NEVER MARRIED ☐	C. CITY OF	Maryland	-	D. INSIDE CIT	Y LIMITS?	
Male	Negro	WIDOWED			Baltimore		M.C.	s E N	10 D
9. DATE OF BIRTH	H IIO.AGE (I	n veors I II I	Under 1 Yr. If Under 24 Hrs.	E. STREET	AND NUMBER	-	TE	2 E V	40 L
10-26-	lost blethde	Mo Mo	nths Doys Hours Min.		19 N. Cul	ver St	reet		
	itate or foreign country)	12.	CITIZEN OF	13. FATHER		- 1			
Souther	h Ila		WHAT COUNTRY?	100	1-0-01	mli	1		
14A.USUALOCCU	PATION (Give kind of work	148. KIND OF	BUSINESS OR INDUSTR	Y 15, MOTH	R'S MAIDEN NAM	AE .			
gone auging most or w	drking use, ever il rented)			Ke	the Tu	ma	٧.		
	ED EVER IN U.S. ARME		17. SOCIAL SECURITY NO.	18. IMFOR	MANT 1-1	1.	AD	DRESS	1
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	LEADING TO DEATH		(A)IMMEDIATE						
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Injury or con	aplication which coused de	cih.)							
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Z UNDERLYIN	IG CONDITION LAST.		(c)						
OTHER SIGN	III	CALTRIBUTIAL							
O THE DE	ATH BUT NOT RELATED TO	THE TERMINA	ı.						
	CONDITION GIVEN IN F		R WHICH OPERATION W	AS PERFOR	MED			21. AUTOF	PSY? (Yes or No)
8 2								Ye	
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UNDERLYING	OR CONTRIB-	hon	ne, farm, factory, street, offi	e bldg., etc.)	INJURY OCCUR?				
≥ 22D. TIME	(Month) (Day) (Yea	ir) (Hour)	22E.INJURY OCCURRED		22F. HOW DID IN	URY OCCU	R?		
OF INJURY (APPROX.)				WHILE O					
23.		m.	THOMA AT	TORK LJ					
1 cert	lify that I held an	Inquiry	Inspection AL	topsy X	and that an th	ils basis, d	leath In my	apinion	
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	Q . 1.		1)		CHIEF MEDICAL E	XAMINER			DATE SIGNED
SIGNATI		6,0	brugale M.T	ASS	ISTANT MEDICAL E	XAMINER			
EXAMIN	('narlac	S. Spri	ingate, M.D.	ASS	OCIATE MEDICAL E	XAMINER		4-	-30-72
NAME (T	17pc/		24C. NAME of CEMETERY	or CREMAT	ORY 24D.	LOCATION	(City, town	, or county)	
REMOVAL (Speci		2-00	hit Parla	0		Ball	19 n	()	(,
254 DATE DEC'D	BY HEALTH DEPT.	1258 NAM	E OF REGISTRAR	all	FUNERAL DIRECTO	Lee	0/10	DDRESS	
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VS 151-REV. 1/1/6	8	र्स ह	Water School Sch	1 0	60 1		,		1 1



EXAMINER'S Werner U.

24B, DATE

Valent

NAME (Type)

25A. DATE REC'D BY HEALTH DEPT.

24A, BURIAL CREMATION.

REMOVAL (Specify)

VS 151-REV. 1/1/68

Spitz

258. NAME OF REGISTRAR

Jaben M. R.

24C. NAME of CEMETERY or CREMATORY

72 04246 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG NO BIRTH NO. 1. NAME OF DECEASED 2. DATE Known Month Year Hou OF **JEROME** HARVEY Estimated DEATH 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 3. DATE Month Doy Year Hour PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) 12:23 A.M. April 25,1972 HOSPITAL OR INSTITUTION 5. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission) B. COUNTY 2233 McElderry Street Maryland 6. SEX 7. RACE C. CITY OR TOWN D. INSIDE CITY LIMITS 8. MARRIED NEVER MARRIED Male Negro Baltimore WIDOWED DIVORCED __ YES NO # Under I Yr. If Under 24 Hrs. E. STREET AND NUMBER Months; Days , Haurs , Min. 9. DATE OF BIRTH 10. AGE (in years last birthdoy) 3 218 N. Maderia Street II. BIRTAPLACE (State or foreign country) 12. CITIZEN OF 13. FATHER'S NAME WHAT COUNTRY? 14A. USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME dane during mast of working lile, even il reitred) 16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknawn)(II yes, give war pg dates of service) 17. SOCIAL SECURITY NO. 18. INFORMANT ADDRESS APPROXIMATE INTERVAL CAUSE OF DEATH BETWEEN ONSET AND DEATH Multiple stab wounds DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A)IMMEDIATE CAUSE (This does not mean the made of dying, e.g., heart ioliure, asthenia, etc. it means the disease, injury ar complication which caused death.) DUE TO, OR AS A CONSEQUENCE OF: ANTECEDENT CAUSES (B) DUE TO, OR AS A CONSEQUENCE OF: DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C). OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A)-CERTI 20A. DATE OF OPERATION 120B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOPSY? (Yes or No) 228.PLACE OF INJURY(e.g., in or about hame, farm, factory, street, affice bldg., etc.) INJURY OCCUR?
House

223. WHERE DID (if in Boltimare City, give exact location)
1. INJURY OCCUR?
2233 McElderry Street 22A. EXTERNAL CAUSE WAS UNDERLYING TOR CONTRIB UTING CAUSE OF DEATH. 22D. TIME (Manth) (Day) OF INJURY 22E.INJURY OCCURRED 22F. HOW DID INJURY OCCUR? (Year) (Hour) WHILE AT NOT WHILE (APPROX.Y-25-72 Stabbed during altercation A.M. WORK Autopsy X I certify that I held an Inquiry Inspection and that on this basis, death in my opinion resulted from: Natural causes Accident Sul ci de Homicide X Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNED ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE M.D.

ASSOCIATE MEDICAL EXAMINER

25C FUNERAL DIRECTOR

Deputy Medical Examiner

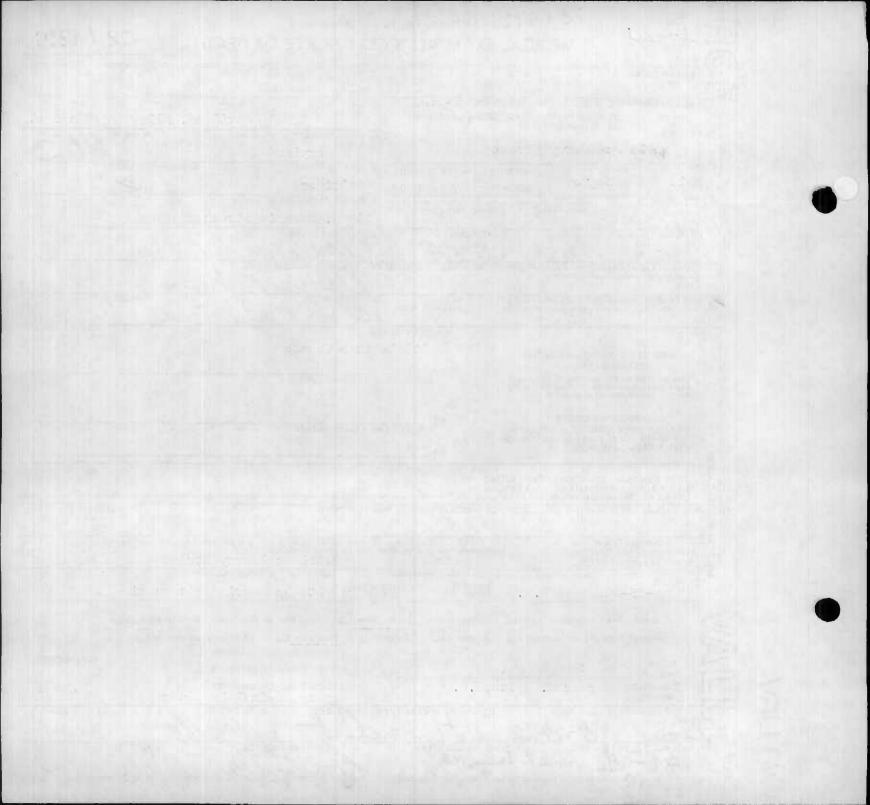
24D, LOCATION

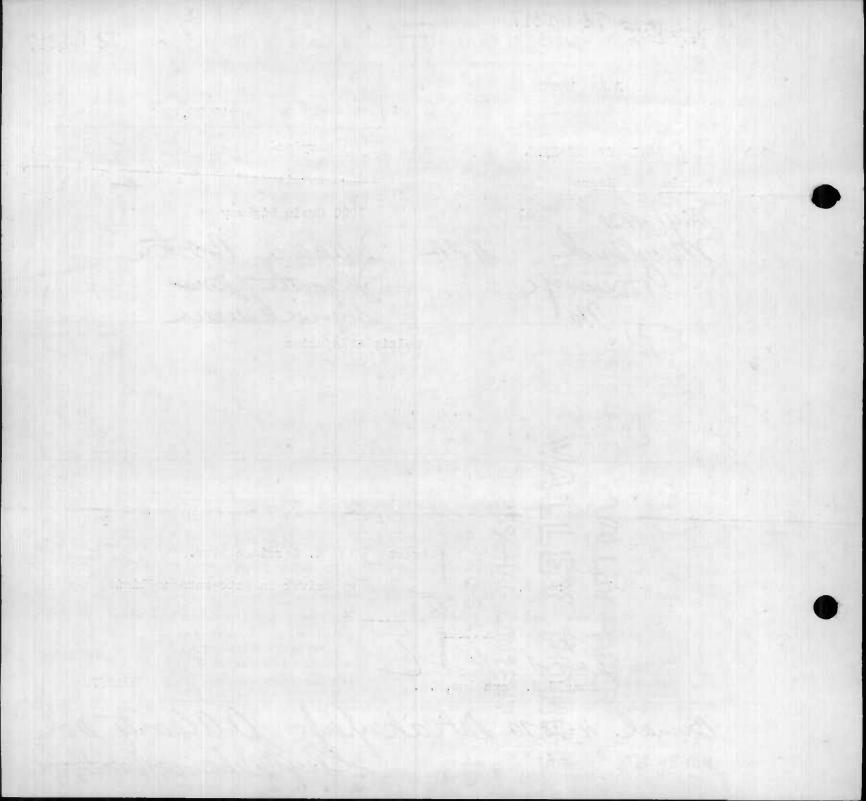
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(City, town, or county)

ADDRESS





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I. NAME OF DECEASED (Type or Print)

FULL NAME OF

13. FATHER'S NAME

rise lo

21 D. TIME

OF INJURY

(APPROX.)

23A. SIGNALURI

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NAME (Type)

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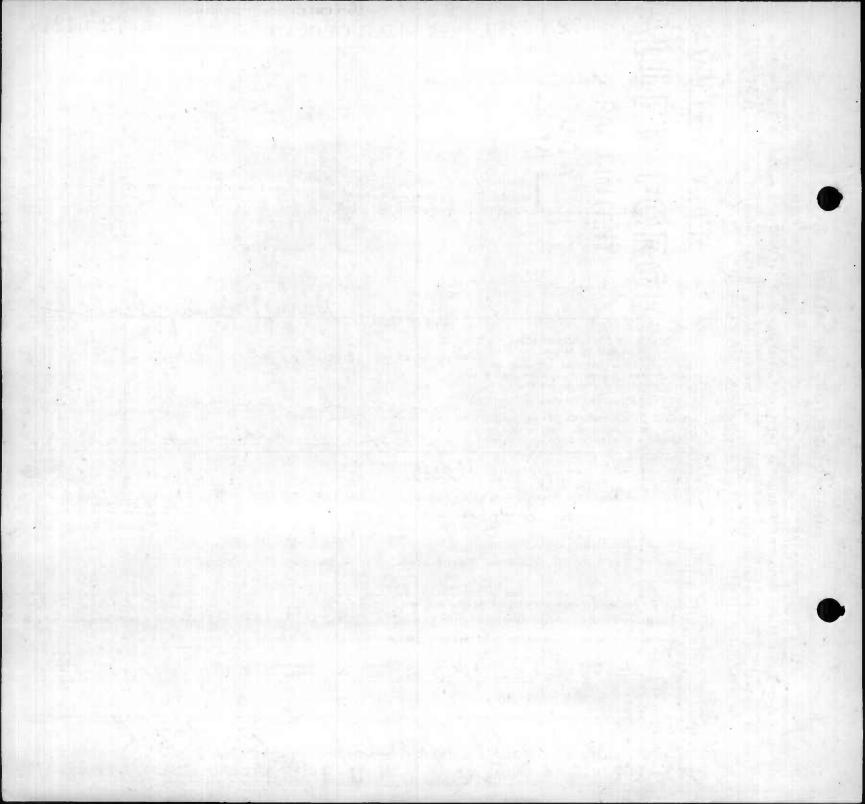
5. SEX

BALTIMORE CITY HEALTH DEPARTMENT REG. NO. CERTIFICATE OF DEATH 2. DATE AND HOUR OF DEATH 4. USUAL RESIDENCE (Where 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD institution: residence belore admission) A. STATE (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) D. INSIDE CITY LIMITS YES I NO E. STREET AND NUMBER FREEN MOUN 9. AGE (In years II Under 1 Yr. Months: Doys If Under 24 Hrs. 6. RACE MARRIED NEVER MARRIED Haurs (ast birthdoy) WIDOWED DIVORCED 10A. USUAL OCCUPATION (Give kind of work OB. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during mast al warking life, even if retired) 14. MOTHER MAIDEN NAME 15. Was Deceased Ever in U. S. Armed Forces? (Yes,no or unknown) (If yes, give wor ar dates af service) 6. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS CAUSE OF DEATH BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not mean the made of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF heart failure, asthenia, etc. It meons the diseose, injury or camplication which caused death.) ANTECEDENT CAUSES AS A CONSEQUENCE OF DUE TO DISEASES OR CONDITIONS, if any, giving the above couse (A) stating the UNDERLYING CONDITION lost. (C)_ 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF CONDITION GIVEN IN PART I (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or Na) 20B. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 218. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, farm, foctory, street, office bldg., INJURY OCCUR? 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (If In Boltimore City, give exoct location) DEATH (notify medical examiner) 21F. HOW DID INJURY OCCUR? (Manth) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED While At Not While r Wark At Work 22. I certify that (1) (this haspital) attended the deceased from that (1) (we) last saw the deceased alive an and that in (my) (and apinion death accurred on the date and haur and from the causes stated above. (1) (We) (did not) view the body after death. 23B, DATE SIGNED Attending Phys. Med. Director L 23D. ADDRESS 24A. BURIAL CREMATION, 4-25B. NAME OF

25A. DATE REC'D BY HEALTH DEPT.

1213 BREENMOUNT AVE Calmed Marines Maria Carlo NOTE TO SERVICE SERVICE no wine hilles Place William . Sains Burge 4-25-76 MT Robert Com Pall 8 6. W. Par Jan 1825 1

	BALTIMORE CITY HEALTH DEPARTMENT
	H-430 72 04249 CERTIFICATE OF DEATH REG. NO. 72 04249
(Ту	Pe or Print Lula Holliday 2. Date and Hour of Death 4/27/72 10.580
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission A. STATE B. COUNTY
H	ILL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET OSPITAL OR ADDRESS OR LOCATION) C. CITY OR TOWN D. INSIDE CITY LIMITS?
1	Baltimore, 21231 YES ⊠ NO□
	The Good Samaritan Hospital
5. !	SEX 6. RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 27 9. AGE (In years Months Doys Hours Min.
	A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTI
L	Retired Cook. N. Carolina U.S.A. U.S.A.
3.	FATHER'S NAME
ė	Was Deceased Ever in U. S. Ahmed Forces? 16. SOCIAL 17. INFORMANY ADDRESS
	Was Deceased Ever in U. S. Almed Forces? s, no or unknown) (If yes, give wor or dates of service) 16. SOCIAL SECURITY NO.
_	18. 3 CAUSE OF DEATH CAUSE OF DEATH APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY
	(This does not mean the mode of dying, e.g., (A) IMMEDIATE CAUSE Gram pagaticie seglicemie 12 hours DUE TO, OR AS A CONSEQUENCE OF:
	heat failure, asthenia, etc. It means the disease, injury or complication which caused death.)
	ANTECEDENT CAUSES Personas Anlymonic 4 days
	DISEASES OR CONDITIONS, if ony, giving DUE TO, OR AS A CONSEQUENCE OF:
	underlying condition lost. (c) post op lysis adhesions (days
7	II malnutition,
AHON	TO THE DEATH BUT NOT RELATED TO THE TERMINAL Chome alsoholism; fancearths years
FICA	DISEASE OR CONDITION GIVEN IN PART 1 (A). 199A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED, 2004. AUTOPSY? (Yes of No.) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
CERT	4-11-12 Small bowel obstruction
AL.	OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg, INJURY OCCUR?
MEDIC	21D. TIME (Month) (Day) (Yeor) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
100	OF INJURY (APPROX.) White At Not White Work At Work
	22. I certify that 49 (this haspital) attended the deceased fram 2-23 19 72 ta 4-27 19 72
	that (1) (ast saw the deceased alive an 4-27 19.72 and that in (my) (apinian death accurred an the deceased alive an arrived and the deceased alive and arrived and the deceased alive arrived arrived arrived and the deceased alive arrived arrive
	and haur and fram the causes stated abave. (1) (46) (did) (44) view the bady after death. 23A. SIGNATURE
	23A. SIGNATURE Rolley M. D. OFGREE Phys. Med. Director Phys. D 23B. DATE SIGNED 4-27-72
	23C.PHYSICIAN'S NAME (Type) 23D. ADDRESS
24/	OEGREE A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, py county) IState)
1	BUNDAL (Soficity) 5-5-72 Met Children Cal Brillo-Mel
25/	
1/5	MAY 3 - 1972 Robert Jabes 20 0 0 FLORDY O'NILSON DOOF RESON ST
4.0	100 100 11 11 11 00



al and death Deceased Such uo hospital death. attendance cause; (5) cause 0 O = prior contributing Undetermined is made regular deceased disposition = SID the 3 eath 0 kind; final auce any 10 pronounce attend embalmed of regular who are physician remains Was **Body burns**; physician the 8 any nature; (2) where to the hospital °N 9 (except and of hospital death) the body was released must shows: (1) An accident 0 approval 8 prior ŧ was D.O.A. eceased

VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT 72 04250 REG. NO. CERTIFICATE OF DEATH I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) TAYLOR Annie 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution; residence B. COUNTY FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) Maryland C. CITY OR TOWN D. INSIDE CITY LIMITS? Century Home, Inc Balto YEST NO E. STREET AND NUMBER 102 N. Paca St. 3801 Bonner Rd 5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (in years last birthday) tf Under 1 Yr. Manths! Doys If Under 24 Hrs. WIDOWED C DIVORCED 9] 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole at lareign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) owe wife 13. FATHER'S NAME 15. Was Deceased Ever in U. S. Armed Forces? (Yes,no ar unknown) (II yes, give wor ar dales of service) SECURITY NO. 16. SOCIAL ADDRESS APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: hearl failure, osthenia, etc. Il means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stating the UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes of No.) 20B. IP YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218. PLACE OF INJURY le.g., in ar about 21 C. WHERE DID hame, farm, factory, street, affice bidg., INJURY OCCUR? (II In Baltimore City, give exact location) MEDICAL DEATH (notify medical examined) 21D. TIME OF INJURY (Day) (Year) (Hous) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? Not While While At IAPPROX. Work At Work 22. I certify that (I) (this hospital) attended the deceased from that (I) (we) lost saw the deceased olive on ond that in (my) (asi) opinion death occurred on the date and hour and from the causes stated above. (1) (Westeld) (did not) view the bady after deothe 23A. SIGNATURE 23B, DATE SIGNED Attending Staff Director 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS DEGREE 24A. BURIAL CREMATION, REMOVAL (Specify) 24C. NAME OF CEMETERY OF CREMATORY (City, town, as county) (State)

ADDRESS

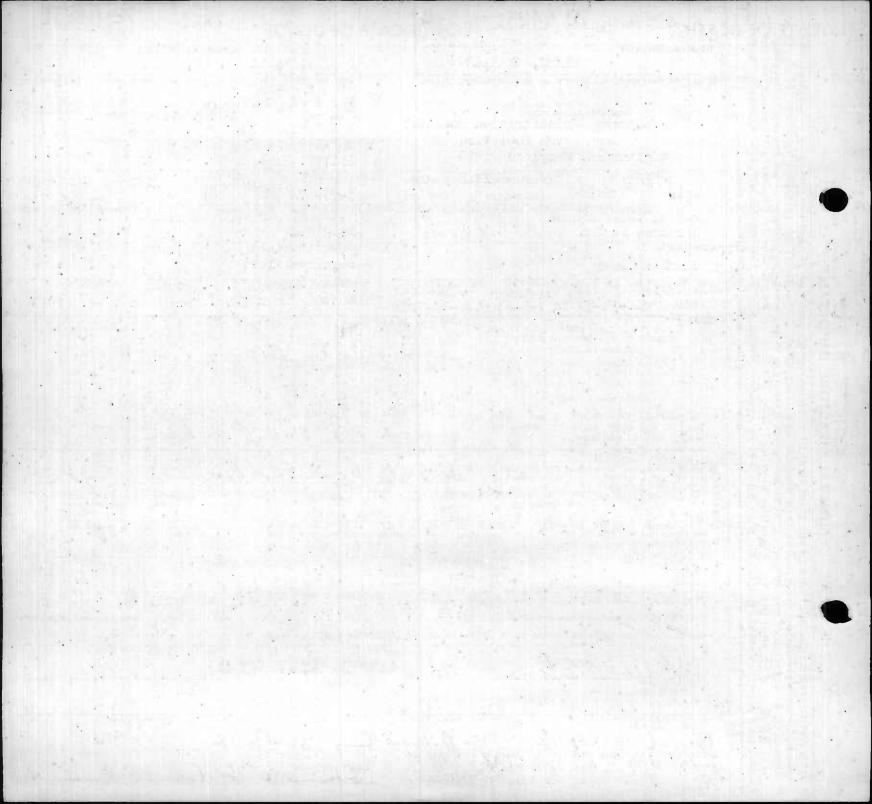
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IMPORTANT FUNERAL DIRECTOR:

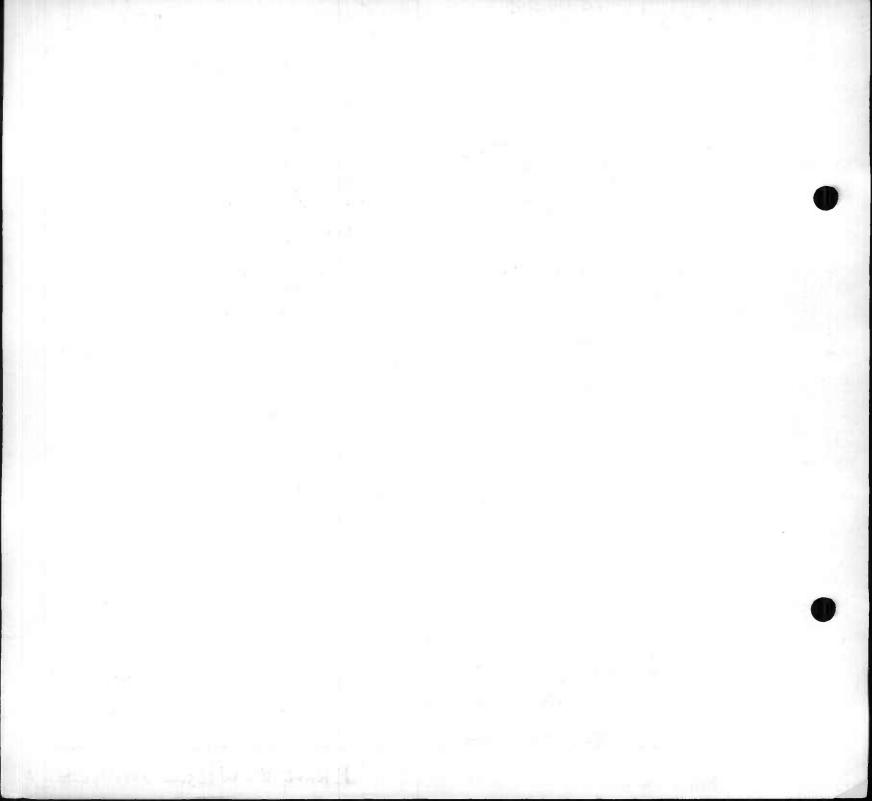
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. VS 150-REV. 1/1/68

CERTIFICATE OF DEATH ROWANT OF DEFENSED THE AND POLICE TWO. APRIL 30, 1972 DATE AND HOUR OF DEATH APRIL 30, 1972 AND HOUR OF DEATH APR	1 101	20 040	BALTIMORE CITY	HEALTH DEPARTMENT		72 04251
NAME OF DECEASED PILEST, CHARLES DATE AND HOUR OF DATA April 30, 1972 94.5 A. M. April 30, 1972 94.5 A	7-400	12 092	CERTIFICA	TE OF DEATH	REG. NO	LE DACOT
A STATE PART OF STATE					D HOUR OF DEATH	
ULI NAME OF DEPORT IN HOSPITAL OR INSTITUTION, GIVE STEET TOPPITAL OF VETERANS OL LOCATION YES CHARLES OL LOCATION BELLIMOTE BESSET BELLIMOTE BELLIM	(Type or Print)	FLEET, C	HARLES			9:45 A. M
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STATUTION Veterans Administration Hospital 3900 Loch Raven Boulevard Baltimore, Maryland 21218 SEE Male Negroid Modro Divorceo AN USBAC OCCUPATION (Not we lind of war) [OK NIN OF SUNNESS OF INDUSTRY 1]. MODORD DIVORCEO AN USBAC OCCUPATION (Not we lind of war) [OK NIN OF SUNNESS OF INDUSTRY 1]. Maryland AN USBAC OCCUPATION (Not we lind of war) [OK NIN OF SUNNESS OF INDUSTRY 1]. Maryland AN USBAC OCCUPATION (Not we lind of war) [OK NIN OF SUNNESS OF INDUSTRY 1]. Maryland AN USBAC OCCUPATION (Not we lind of war) [OK NIN OF SUNNESS OF INDUSTRY 1]. Maryland AN USBAC OCCUPATION (Not we lind of war) [OK NIN OF SUNNESS OF INDUSTRY 1]. Maryland AN USBAC OCCUPATION (Not we lind of war) [OK NIN OF SUNNESS OF INDUSTRY 1]. Maryland AN MOTHER'S NAME Charles Greer Charles And Conscious Constitution (A) Marketin No. To Charles And Conscious Constitution (A) Marketin No. To Charles Green (A) Marketin No. To Charles In Marketin No. To Charles Green (A) Marketin No. To Charles Green (A) Marketin No. To Charles Green (A) Marketin No. To C	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)					808
Baltimore, Maryland 21218 Baltimore, Maryland 21218 ESKEE AND NUMBER 1517 B. Preston St.					D. INSI	
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Maryland Werchart Seeman D. FATHER'S NAME Charles Greer Chy Decased Ever in U. S. Amad Force? Why Decased Ever in U. S. Amad Force? Even or unknown! It' yes, give war of doise of service) Yes 10-11-43 to 7-9-44 SCURITY NO. 725-14-7234 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Chilis does not mean the mode of dying, e.g., head follow, single or complication which coused death). ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving nies to the doese cause (A) soling the UNDERLYING CONDITION IN PART 1 (A). 10 OTHE DEATH BUT NOT RELATED TO THE TERMINAT CONDITION FOR WHICH OPERATION TO THE DEATH BUT NOT RELATED TO THE TERMINATION DIRECTLY LEADING TO PERATION TO THE DEATH BUT NOT RELATED TO THE TERMINATION DIRECTLY CONDITION FOR WHICH OPERATION TO THE DEATH BUT NOT RELATED TO THE TERMINATION DIRECTLY CONDITION FOR WHICH OPERATION TO THE DEATH BUT NOT RELATED TO THE TERMINATION DIRECTLY CONDITION FOR WHICH OPERATION TO THE DEATH BUT NOT RELATED TO THE TERMINATION DIRECTLY CONDITION FOR WHICH OPERATION TO THE DEATH BUT NOT RELATED TO THE TERMINATION DIRECTLY CONDITION FOR WHICH OPERATION TO THE DEATH BUT NOT RELATED TO THE TERMINATION DIRECTLY CONDITION FOR WHICH OPERATION TO THE DEATH BUT NOT RELATED TO THE TERMINATION DIRECTLY CONDITION FOR WHICH OPERATION TO THE DEATH BUT NOT RELATED TO THE TERMINATION DIRECTLY CONDITION FOR WHICH OPERATION TO THE DEATH BUT NOT RELATED TO THE TERMINATION DIRECTLY CONDITION FOR WHICH OPERATION TO THE DEATH BUT NOT RELATED TO THE TERMINATION DIRECTLY CONDITION FOR WHICH OPERATION TO THE DEATH BUT NOT RELATED TO THE TERMINATION DIRECTLY CONDITION FOR THE TERMINATION DIRECTLY CONDITION FOR THE TERMINATION TO THE TERMINATION DIRECTLY CONDITION FOR THE TERMINATION DIRECTLY CONDITION FOR THE TERMINATION TO THE TERMINATION DIRECTLY CONDITION FOR THE TERMINATION DIRECTLY CONDITION FOR THE TERMINATION DIRECTLY CONDITION FOR THE TERMINATION TO THE TERMINATION DIRECTLY CONDITION FOR THE TERMINATION DIRECTLY CONDITION FOR THE TERMINATION DIRECTLY CONDITION FOR		mai d		11	ost birthdoy) 44	If Under 1 Yr. Il Under 24 Hrs. Months Doys Hours Min.
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BUNIAL SET-71 Mr. Auburn Com. Baldo. Md.	24A. BURIAL CREMATION	24B. DATE In	DEGREE	MATORY	CATION	v town or county) (St.)
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5A. DATE REC'D BY HEALTH DEPT. ASB. MAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS	SOVIAL 25A. DATE REC'D BY HEAD	5-7-12 TH DEPT 1268. No.	AME OF REGISTRAR	25C, FUNERAL DIRECTOR	= 100.	ADDRESS
1AY 3 - 1972 Valley Extension 78 8) 0 0 0 18 10 1 10 10 10 10 10 10 10 10 10 10 10 1	MAY 3 - 1972	Kalland E. Walls	antes o	15 19 1 10	1/1	1. 1. 1. R 1.1 M



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

D-240	BALTIMORE CITY HEALTH DEPARTMENT
BIRTH NO.	CERTIFICATE OF DEATH REG. NO. 72 04252
1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH
Type or Print) BOSWERL, LOW	14/75/72 1245 0.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCE	D DEAD 4. USUAL RESIDENCE (Where deceosed lived, Il institution; residence before odmission) A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)	N A
130 - 11 -1 .	103 W Tac YESKI NOT
Unversity Hospital	E. STREET AND NUMBER
5. SEX 6. RACE 7. MARRIED N	EVER MARRIED 8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. , If Under 24 Hrs.
WIDOWED [DIVORCED 2/7/72 lost birthdoyl Months Doys Hours Min.
IOA. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSI done during most of working life, even if retired)	A
	Maryland USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Charles Dosevel	alleng Knight
	OCIAL POLITY NO. 17. INFORMANT ADDRESS
10	m Leading un
18.436,01	CAUSE OF DEATH APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	BETWEEN ONSET AND DEATH
(This does not mean the made of dving, e.g.	(A) IMMEDIATE CAUSE (UR Kenal Faelure / WK
heart failure, asthenia, etc. It means the disease, injury ar complication which caused death.)	DUE TO, OR AS A CONSEQUENCE OF:
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, if ony, giving	(B)
rise to the above cause (A) stating the UNDERLYING CONDITION last.	
11	(C)
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	atrial Frebrillation, ASCUD, TBP
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING	OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
OR CONTRIBUTING TICALISE OF	E OF INJURY league in or obout 21 C. WHERE DID (If In Boltimore City, give exact location) (If In Boltimore City, give exact location)
DEATH (notify medical examine) elc.)	
= IOF INJURY	RY OCCURRED 21F. HOW DID INJURY OCCUR?
(APPROX) While AI Work	Not While At Work
22. I certify that (1) (this haspital) attended the dec	eased from 4 20 1972 to 4-25 1972
that (1) (we) last saw the deceased alive an	-25 19 72 and that in(my) (aur) apinian death accurred on the date
and hour and fram the causes stated abave. (1) (We	
23A-SIONASURE PO GOLVANGIA MS	23B, DATE SIGNED
The second second	Attending Phys. Med. Director Phys. 4/25-/72
NAME (Type) PEAR(MAN)	23D. ADDRESS
1.657	ME Uneverety Hosp Ball MD
24A. BURIAL CREMATION, 24B. DATE 24C. NAME o	CEMETERY OF CREMATORY 24D. LOCATION (City, lown, or county) (Stole)
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REG	· CALUATY Com. Brooky Lay md.
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REG	2000 ERMA E. WILSON 1882 Brandley And
BENEROLE TO THE THE LIVE HOLDEN CO. P. C. P. P. C. P. P. C. P. C. P. P. C. P. P. C. P. P. C. P. C. P. P.	



IMPORTANT medical examiner DIRECTOR: FUNERAL

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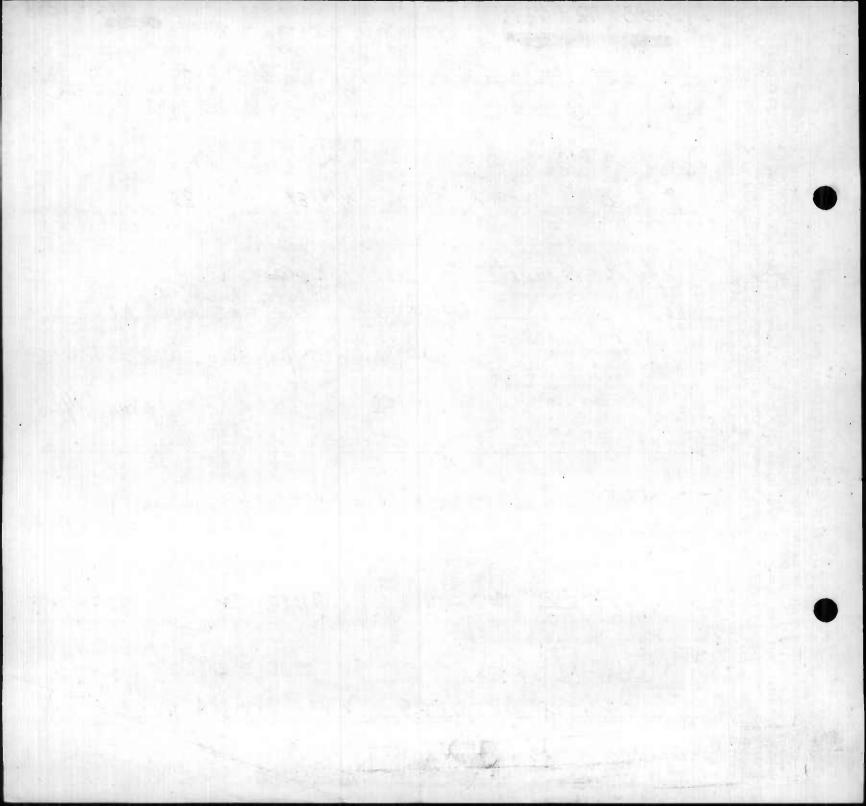
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BALTIMORE CITY HEALTH DEPARTMENT REG. NO. CERTIFICATE OF DEATH BIRTH NO 2. DATE AND, HOUR OF DEATH I. NAME OF DECEASED (Type or Print) 4. USUAL RESIDENCE (Where deceded lives residence before admission) 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD A. STATE FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) D. INSIDE CITY LIMITS? YES X NO STREET AND NUMBER (1)ADISON 9. AGE (In years If Under 24 Hrs. B. DATE OF BIRTH If Under 1 Yr. Months: Doys S. SEX 6. RACE 7. MARRIED NEVER MARRIED Hours lost birthdoy WIDOWED DIVORCED 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BUTHPLACE (State or foreign country) 12, CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME ADDRESS 15. Was Decrased Ever in U. S. Armed (Yes, no or unknown) (If yes, give wor or Armed Forces? wor or dotes of service) 6. SOCIAL 17. INFORMAN' SECURITY NO. 0-034 APPROXIMATE INTERVAL OF DEATH 1B. BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This daes not meon the made of dying, e.g., DUE TO, OR AS A CONSEQUENCE O heart failure, asthenio, etc. It meons the disease, injury ar complication which caused death.) ANTECEDENT CAUSES DUE TO, OR AS A CONSEQUENCE OF DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last. 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED 19A. DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? 21 B. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (If in Boltimore City, give exoct location) MEDICAL DEATH (notify medical examiner) (Hour) 21F. HOW DID INJURY OCCUR? (Month) (Day) (Year) 21E INJURY OCCURRED 21 D. TIME OF INJURY While At Not While | (APPROX.) At Work Work Morow 22. 1 certify that (1) (this hospital) attended the deceosed from and that in (my) (aur) opinion death occurred an the date that (I) (we) lost saw the deceased alive on and hour and from the couses stated above. (1) (We) (did) (did not) view the body ofter death. 238, DATE SIGNED 23A. SIGNATURE Attending [Med. Staff Phys. Director Phys. 23C. PHYSICIAM'S 23D. ADDRESS NAME (Type 24A, BURIAL CREMATION of CREMATORY 24D, LOCATION REMOVAL (Specify) 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS DATE REC'D VS 150-REV. 1/1/6B



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

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1	5-650 72 0425	CERTIFICA	TE OF DEATH REG. NO.	72 04254
	M No.	CERTITICA	TE OF BEATH	
	AME OF DECEASED	0 5	2. DATE AND HOUR OF DEAT	TH _
	e or Print) ELIZABETH	13 BROWN		19724 5 25PM
3. P	LACE IN BALTIMORE, MARYLAND, WHERE PR	ONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, II	institution: residence before admission)
FUL	L NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)	NSTITUTION, GIVE STREET	MD	1501
11/2			(C.C.) (C.C.)	VSIDE CITY LIMITS?
15	MP. GEN KOSP		C SYDES AND AUGUSED	YES NO
	The first of the f		1562 WOOD / SAR S	5 7
5. SE	EX 6. RACE 7. MARI	RIED NEVER MARRIED	8. DATE OF BIRTH 19. AGE (In years	II Under 1 Yr. If Under 24 Hrs.
	Y WIDON		10-12-01 lost birthday 70	Months Days Haus Min.
	USUAL OCCUPATION (Give kind of work 10B, KIN	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
done	during most of working life, even if retired)		MD	USA
13. F	ATHER'S NAME		14. MOTHER'S MAIDEN NAME	1 9 /
	Alex Wood	5		
15. W	las Deceased Ever in U. S. Armed Forces?	16. SOCIAL	17. (NFORMANT	ADDRESS
(185,	no or unknown) (If yes, give war or dotes of serv		Therop Brown s	ame
1	18./1 / 7.31	1220129299 A CAUSE OF DEAT		APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY	GROSE OF DEAT		BETWEEN ONSET AND DEATH
	LEADING TO DEATH	(A) IMMEDIATE CAL	USE I Entricular film	lester
	(This does not mean the mode of dying, heart failure, osthenia, etc. II means the disc	e.g. DUE TO OP AS	A CONSEQUENCE OF:	***************************************
	injury or complication which coused death.)			
	miles) or combineditors strates consed codiffic	/	,	,
	ANTECEDENT CAUSES	ole	I myorandial in for	ct
	ANTECEDENT CAUSES	ving DUE TO, OR AS	d myorardial in for	et
		ving DUE TO, OR AS the	A CONSEQUENCE OF:	roselerta
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, gines to the above couse (A) stating	ving (B) DUE 10, OR AS the (C) System	A CONSEQUENCE OF: The Carlingards altre	roselfsta
NO	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, gings of the above couse (A) stating UNDERLYING CONDITION lost.	(c) Syste	A CONSEQUENCE OF: The Carlingards altre	roselfstri
NOU	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, ginse to the above couse (A) stating underlying condition lost. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTION THE DEATH BUT NOT RELATED TO THE TERMINATION THE TERMINATI	(c) Syste	A CONSEQUENCE OF: The Carlingards altre	roselfstri
ATION	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, gings of the above couse (A) stating UNDERLYING CONDITION lost.	NG NAL	A CONSEQUENCE OF: A CONSEQUENCE	ef State E FINDINGS CONSIDERED LAUSES OF DEATH?
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AL CERTIFICATION	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, ginse to the above couse (A) stating UNDERLYING CONDITION lost. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTION THE DEATH BUT NOT RELATED TO THE TERMINOTISEASE OR CONDITION GIVEN IN PART 1 (A). 9A-DATE OF OPERATION [198. CONDITION F	NG NAL	20A. AUTOPSY? (Yes or No) 20B. IF YES, WER IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?
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MEDICAL CERTIFICATION	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, ginse to the above couse (A) stating UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION THE DEATH BUT NOT RELATED TO THE TERMINOUSEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19B. CONDITION FOR CONTRIBUTION THE CONTRIBUTION T	OR WHICH OPERATION 21B. PLACE OF (NJURY (e.g., i home, form, foctory, street, of elc.) 21E. (NJURY OCCURRED While At Not Whil	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WER IN CERTIFYING CO. (If In Boltin fice bldg., INJURY OCCUR?	CAUSES OF DEATH?
MEDICAL CERTIFICATION	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, ginse to the above couse (A) stating UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION THE DEATH BUT NOT RELATED TO THE TERMINOUSEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19R. CONDITION WAS PERFORMED PART OF CONTRIBUTING CAUSE OF DEATH (notify medical examined) PART OF (NJURY (APPROX.)	OR WHICH OPERATION 21B. PLACE OF (NJURY (e.g., interpretation) 21E. (NJURY OCCURRED) While At Not While At Work	20A. AUTOPSY? (Yes or No) 20B. IF YES, WER IN CERTIFYING CONSULTATION OF STREET OF THE	CAUSES OF DEATH?
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MEDICAL CERTIFICATION	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, gi rise to the above couse (A) stating UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTI OTHE DEATH BUT NOT RELATED TO THE TERMIT DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19B. CONDITION F WAS PERFORMED PART (notify medical examined) OF CONTRIBUTING CAUSE OF DEATH (notify medical examined) OF (NJURY APPROX.) 12. I certify that (1) (this hospital) attend that (1) (we) last saw the deceased alive and hour and from the causes stated abov 3A. SIGNATURE 13C. PHYSICIAN'S NAME (Type)	OR WHICH OPERATION 21 B. PLACE OF (NJURY (e.g., in home, form, foctory, street, of elc.) 21 E. (NJURY OCCURRED While At Not While Work of the deceased from on the office of th	20A. AUTOPSY? (Yes or No) 20B. IF YES, WER IN CERTIFYING CO. (If In Boltin fice bldg., (NJURY OCCUR? (If In Boltin fice bldg., (NJURY OCCUR? (Our)) or lew the body after death.	plnion death occurred on the date
MEDICAL CERTIFICATION	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, ginse to the above couse (A) stating UNDERLYING CONDITION lost. DITHER SIGNIFICANT CONDITIONS CONTRIBUTION THE DEATH BUT NOT RELATED TO THE TERMINOUSEASE OR CONDITION GIVEN IN PART 1 (A). 9A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED WAS PERFORMED DEATH (notify medical examined) PALA. ACCIDENT WAS UNDERLYING DEATH (notify medical examined) PALA.	OR WHICH OPERATION 21B. PLACE OF (NJURY (e.g., interpretation) 21E. NJURY OCCURRED While At	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WER IN CERTIFYING ON OCCUR? 21F. HOW DID INJURY OCCUR? 22F. HOW DID INJURY OCCUR?	plnion death occurred on the date
MEDICAL CERTIFICATION	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, ginse to the above couse (A) stating UNDERLYING CONDITION lost. DITHER SIGNIFICANT CONDITIONS CONTRIBUTION THE DEATH BUT NOT RELATED TO THE TERMINOUSEASE OR CONDITION GIVEN IN PART 1 (A). 9A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED WAS PERFORMED DEATH (notify medical examined) PALA. ACCIDENT WAS UNDERLYING DEATH (notify medical examined) PALA.	OR WHICH OPERATION 218. PLACE OF (NJURY (e.g., in home, form, foctory, street, of elec.) 21E. (NJURY OCCURRED While At Not While At Not While At Work At Work 21E. (NJURY OCCURRED Not While At N	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE IN CERTIFYING ON IN CERTIFYIN	plnion death occurred on the date
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MEDICAL CERTIFICATION	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, ginse to the above couse (A) stating UNDERLYING CONDITION lost. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTION THE DEATH BUT NOT RELATED TO THE TERMINIONS AS PORT OF OPERATION TO THE TERMINIONS OF CONDITION GIVEN IN PART 1 (A). PRADATE OF OPERATION TO WAS PERFORMED PRADATE OF OPERATION TO CAUSE OF THE CONTRIBUTION TO CAUSE OF THE CONTRIBUTION TO CAUSE OF THE CONTRIBUTION TO CAUSE OF CAUSE OF CONTRIBUTION TO CAUSE OF CAUSE OF CONTRIBUTION TO CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAU	OR WHICH OPERATION 218. PLACE OF (NJURY (e.g., in home, form, foctory, street, of elc.) 218. PLACE OF (NJURY (e.g., in home, form, foctory, street, of elc.) 218. PLACE OF (NJURY (e.g., in home, form, foctory, street, of elc.) 218. PLACE OF (NJURY (e.g., in home, form, foctory, street, of elc.) 218. PLACE OF (NJURY (e.g., in home, form, for	20A. AUTOPSY? (Yes or No) 20B. IF YES, WER IN CERTIFYING CO. 1 In or obout 21C. WHERE DID (If In Boltin flice bldg., (NJURY OCCUR?) 21F. HOW DID INJURY OCCUR? 22F. HOW DID INJURY OCCUR?	Participation of City, town, or county) Causes Of Death? 19 72 19 72 19 72 19 72 City, town, or county) (State)
MEDICAL CERTIFICATION	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, ginse to the coove couse (A) stating UNDERLYING CONDITION lost. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTION THE DEATH BUT NOT RELATED TO THE TERMINISTERASE OR CONDITION GIVEN IN PART 1 (A). 197A. DATE OF OPERATION PR. CONDITION PWAS PERFORMED PRICE CONTRIBUTION CAUSE OF DEATH (notify medical examined) PRID. TIME (Month) (Day) (Year) (Hours of INJURY APPROX.) 12. I certify that (I) (this hospital) aftend that (I) (we) last saw the deceased alive and hour and from the causes stated above the couse of the causes stated above the cause of the	OR WHICH OPERATION 218. PLACE OF (NJURY (e.g., in home, form, foctory, street, of elc.) 218. PLACE OF (NJURY (e.g., in home, form, foctory, street, of elc.) 218. PLACE OF (NJURY (e.g., in home, form, foctory, street, of elc.) 218. PLACE OF (NJURY (e.g., in home, form, foctory, street, of elc.) 218. PLACE OF (NJURY (e.g., in home, form, for	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE IN CERTIFYING ON CERTIFYING ON CERTIFYING ON CERTIFYING ON COUR? 21F. HOW DID INJURY OCCUR? 22F. HOW DID INJURY OCCUR? 25C. FUNERAL DIRECTOR V. Balley	Part Signed 23B. DATE SIGNED 23B. DATE SIGNED City, town, or county) (State)

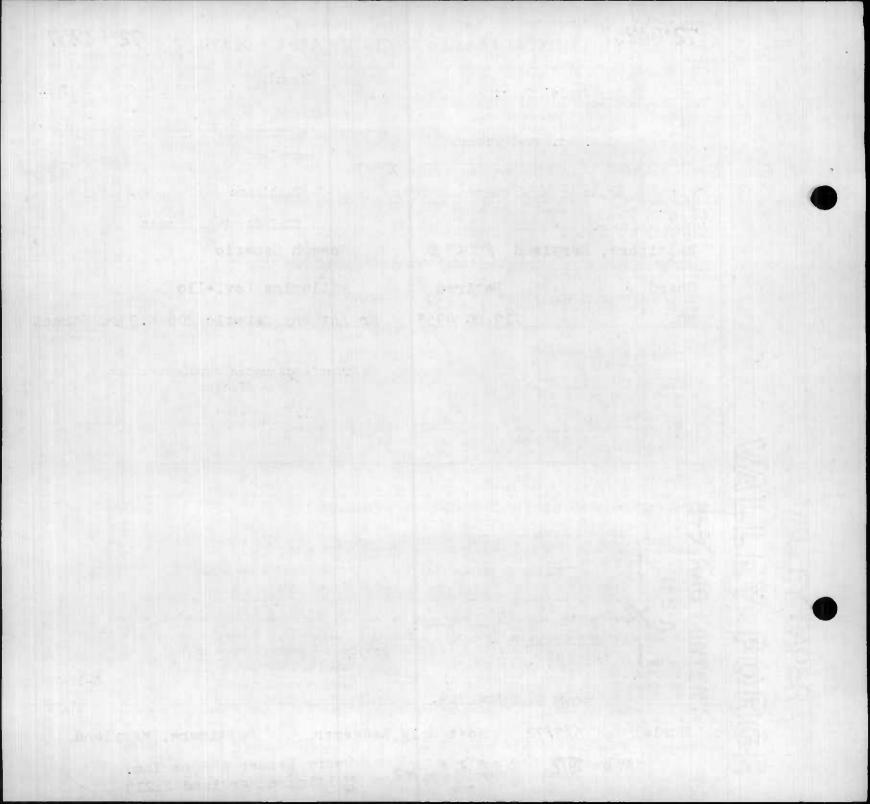
s approved by the chief medical examiner or his assistant if death occurred in a hospital and	miner. Also, if the direct or contributing cause of death	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	to pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	embalmed or final disposition is made.	
This certificate must be approved by the chief medical	the body was released to the hospital by a medical	An accident of any nature; (2) Body burns; (L at a hospital (except where the physicial	prior to death); and (6) No physician was	written approval must be obtained before the remains are embalmed or final disposition is made.	
This certil	the body	shows: (1)	was D.O.	deceased	writtena	

1 1/22	BALTIMORE CITY	HEALTH DEPARTMENT		72 04255			
#-903 72 04255	CERTIFICA	TE OF DEATH	REG. NO	14 0.1600			
I. NAME OF DECEASED		2. DATE AN	D HOUR OF DEATH				
JACK HISTON			29172	18 45 a M			
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNC	ED DEAD	4. USUAL RESIDENCE (Where A. STATE B. COUN	e deceased lived, If instit TY	ution: residence before admission)			
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)	N, GIVE STREET	MD.		1703			
INSTITUTION ADDRESS OF ECCATION)		C. CITY OR TOWN	D. INSIDE	CITY EIMITS?			
4-0		E. STREET AND NUMBER	FY	ES NO			
LUTHERAN HOSPITAL		12065HIE 11	SPIACE				
5. SEX 6. RACE 7. MARRIED N	VEVER MARRIED	8. DATE OF BIRTH		If Under 1 Yr. If Under 24 Hrs. Aonths Doys Hours Min.			
M. WIDOWED □	DIVORCED [4-7-17	ost birthdoyl	Months Doys Hours Min.			
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUS	INESS OR INDUSTRY	11. BIRTHPLA CE State or foreign	on country)	12. CITIZEN OF WHAT COUNTRY			
and an individual state of the		N.C.	7	U.S.A.			
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	A E	N.J.H.			
Nathan Alston		Em	ily Harris				
15. Was Deceased Ever in U. S. Armed Farces? (Yes, no or unknown) (II yes, give wor or dates of service)	SOCIAL	17. INFORMANT		ADDRESS			
	SECURITY NO. 18059941	Jennie Alston	1206	Sheilds Pl.			
18.	CAUSE OF DEATH			APPROXIMATE INTERVAL			
DISEASE OR CONDITION DIRECTLY GOOD	two intest	inal bleed	ling	BETWEEN ONSET AND DEATH			
LEADING TO DEATH	(A) IMMEDIATE CAU		8				
IThis does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,		CONSEQUENCE OF:		*******			
injury or complication which caused death.							
ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF:							
DISEASES OR CONDITIONS, if any, giving rise to the obove cause (A) stolling the							
UNDERLYING CONDITION last	(c)	•					
II II							
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING							
DISEASE OR CONDITION GIVEN IN PART 1 (A), 194-DATE OF OPERATION 198 CONDITION FOR WHIC	U ORGANION	120A					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHIC WAS PERFORMED 121A. ACCIDENT WAS UNDERLYING	H OPERATION	20A. AUTOPSY? (Yes or No)	208. IF YES, WERE FINI	S OF DEATH?			
U 21A. ACCIDENT WAS UNDERLYING 21B. PLAC	CE OF INJURY (e.g., in	ar about 21C, WHERE DID	(II In Baltimore C	ity, give exact location)			
OR CONTRIBUTING CAUSE OF home, for DEATH Inotify medical examine?	rm, factory, street, off	ice bldg. INJURY OCCUR?	ļ 111 DZ-111101 O	ny give exact to conony			
DEATH Inotify medical examines etc.) 21D-TIME IMonthi (Day) (Year) (Hous) 21E INJU OF INJURY	JRY OCCURRED	21F. HOW DID INJU	IN OCCUM				
I TAPPECIAL	Not While		KI OCCOKI				
Work	At Work		3				
22. I certify that (1) (this haspital) attended the de			972 to 4	- 29- 19 72			
that (1) (we) last saw the deceased alive on 9-29-1972 and that in (my) (our) opinion death occurred on the date							
and hour and from the causes stated above. (1) (We	e) (did) (did not) vi	ew the body after death.					
	(Y.) After	ding Med. 5		& DATE SIGNED			
23C. PHYSICIANS	DEGREE Phys.	Director L. P	hys.	4/29/72.			
Anyana _ Doshi 23C. PHYSICIAN'S NAME ITYPE ANTANA DOSIH	17.5.	3D. ADDRESS					
	DECREE						
	Auburn		_	own, or county) (Stote)			
			Balto				
MAY 3 - 1972 Judge E. Name of RE	GISTRAR	25C, FUNERAL DIRECTOR		ADDRESS			
VS 150-REV- 1/1/68	10	Kelson F.	1340 Cal	houn Street			

ing the law programme I The state of the s W ...

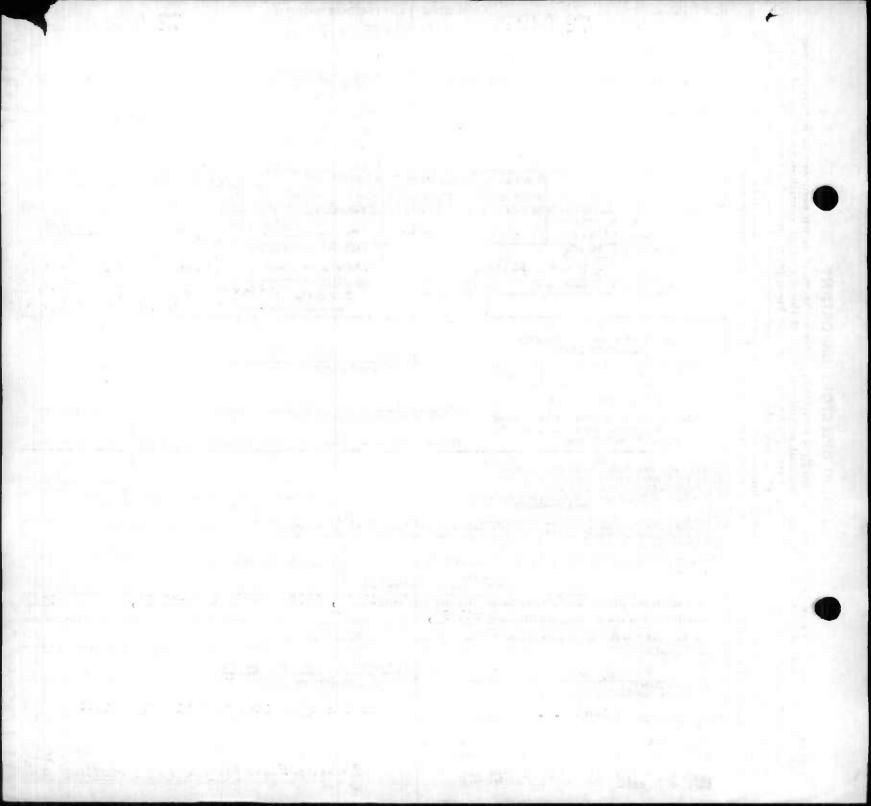
17. SOCIAL SECURITY NO 220-03-4355 Mrs. Emma K. Simpson-1403 N. Luzerne Ave 4-29-72 ASSOCIATE MEDICAL EXAMINER NAME (Type) Charles S. Springate, M.D. 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) (Stote) 24A, BURIAL CREMATION. REMOVAL (Specify) Baltimore, Maryland Buriel May 2.1972Baltimore Cemetery 25C. FUNERAL DIRECTOR ADDRESS 258. NAME OF REGISTRAR Sander & Sons, Inc., Balto., Md VS 151-REV. 1/1/68

ove. 25 0.696 STREET, BELTS, TAKES NOW AND STREET, S ELVEL . DEBUG- SUNDER AND THE BENEFIT OF BENEFIT AND AND AND ADDRESS OF THE BENEFIT ADDRESS OF THE BE The state of the s The state of the second of the



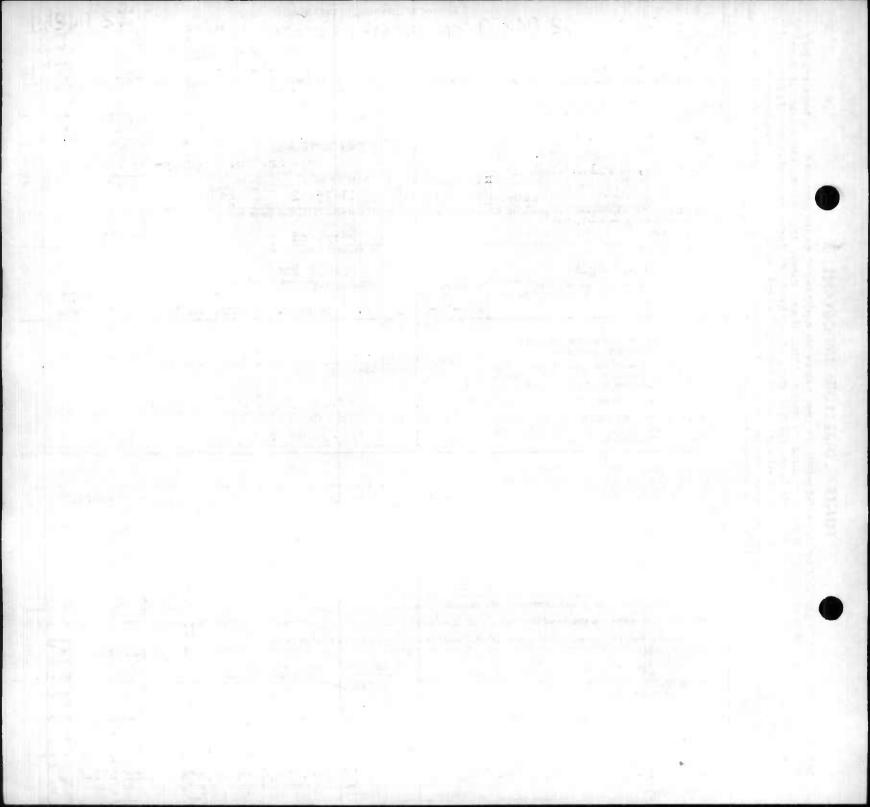
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death). Such written approval must be obtained before the remains are embalmed or final disposition is made.

0 190 D OF	BALTIMORE CITY	HEALTH DEPARTMENT	MO	D. S. Comes		
G-620 72 0425	CERTIFICA	TE OF DEATH	REG. NO.	04258		
1. NAME OF DECEASED			HOUR OF DEATH			
Minnie George	/	4/30/7	12 11 am			
3. PLACE IN BALTIMORE, MARYLAND, WHERE PROP		A. STATE B. COUNT	deceased lived. If instit	lutions residence before admission)		
FULL NAME OF HOSPITAL OR INS ADDRESS OR LOCATION)		CCITY ON TOWN		CITY LIMITS?		
Provident Hospital In	ıc.	E. STREET AND NUMBER	ci /-	res 🛛 NO 🗌		
V		620 n. Care				
5. SEX 6. RACE 7. MARRIE WIDOW	ED THEAEK WYKKIED	05-18-94	ost birthdoy	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.		
IOA, USUAL O CCUPATION (Give kind of work 10B, KIND done during most of working life, even if refired)	OF BUSINESS OR INDUSTRY			12 CITIZEN OF WHAT COUNTRY?		
Impuno - House With	enne none	- Company	Tlenburg	inkumon 4		
13. FATHER'S NAME		14 MOTHER'S MAIDEN NAM		1.111/2		
	ilen George	Mary tool wo	m 1122	Doya Va.		
15. Was Deceased Ever in U. S. Anned Forces? (Yes, no or unknown) Uf yes, give war or dates of Service	16. SOCIAL SECURITY NO. 212-46-4909	Jadie CI	244 83	address 08846		
18, // 2 / 0 8	CAUSE OF DEATH			APPROXIMATE INTERVAL		
DISEASE OR CONDITION DIRECTLY			rr	BETWEEN ONSET AND DEATH		
LEADING TO DEATH	(A) IMMEDIATE CAU	ISE Candio rosp	malores Are	20		
(This does not mean the mode of dylng, e.g., heart failure, asthenia, etc. It means the disease,						
	Injury or complication which caused death.)					
ANTECEDENT CAUSES	(B)		accident			
DISEASES OR CONDITIONS, If any, givinise to the above cause (A) stating		A CONSEQUENCE OF:				
UNDERLYING CONDITION lest.	(c)	yinlensim				
Z CALIFORNIA CONTROLLA						
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMINA						
O DISEASE OF CONDITION GIVEN IN PART 1 (A).	R WHICH OPERATION	20A. AUTOPSY? (Yes or No.	208, IF YES, WERE FIN	IDINGS CONSIDERED		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMIN. DISEASE OR CONDITION GIVEN IN PART 1 (A). The condition of the condition		No				
OR CONTRIBUTING CAUSE OF	21& PLACE OF INJURY (e.g., in home, farm, factory, street, of olc.)	n of about 21 C. WHERE DID	(if in Boltimore C	City, give exact location)		
	21 E INJURY OCCURRED	SIE HOM DID INJU	RY OCCUR?			
\$ (4.0000V)	While At Not While Work At Work	•□				
22. I certify that (i) (this hospital) attende			o to April	30. 19.72		
that (1) (we) last saw the deceased alive a	April 30,	70	t in(my) (our) opinio	on death accurred on the date		
and hour and fram the couses stated above						
23A. SIGNATURE		ion the day and deaths	2	38, DATE SIGNED		
Oldin G.	Dave Dave		Staff Phys.	4/3/22		
23C.PHYSICIAM'S NAME (Type)	DEGREE	23D. ADDRESS	·// X	11-017		
		Provident Hospit	el 2600 Libe	rty Height		
24A. BURIAL CREMATION, 24B. DATE 24C	NAME OF CEMETERY OF CRE	EMATORY 24D. LO		town, or county) (State)		
Buria 5-5-72	MT. CALVAI	RY Com.	DAHO.	md.		
25A. DATE REC'D BY HEALTH DEPT. 258. NAM		25C. FUNERAL DIRECTOR		ADDRESS 21223		
1 3 1 0 C. C. C. 30 C	Z 10 0 0	Charles Evan	s Hughe 13	532 Hollins st		
A9-436-445 A' 1/1/02-						



was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This cortificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

	111-3/1 100 01000	THE OF DEATH X REG. NO. 72 04259
1.	NAME OF DECEASED	TE OF DEATH REG. NO.
(1)	Pe Doris B. Waters	5-1-72 9:25 Ba
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE [Where deceased lived. Il institution: residence before admission]
II B	ILL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	Maryland C. CITY OR TOWN D. INSIDE CITY LIMITS?
1):	St. Agnes Hospital	Baltimore PES NO XX
	Ation and Wilkens Ave.	e. STREET AND NUMBER 2416 Bra-Mar Ave. (Bray-Mar Road)
	Female White Towns Divorced Divorced	8. DATE OF BIRTH 9. AGE (In years lost birthdoy) 11/15/12 9. AGE (In years Months: Days Hours Min,
do	LUSUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY to during most of working life, even if refired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
11	Housewife	Maryland USA
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Late Howard Ogle	Myrtle Roe
15. (Ye	Wes Deceased Ever in U. S. Armed Forces? s,no or unknown) (II yes, give war or dates af service) 21 2-18-3505	Mr. Toronh M. Hotoma 2/16 Prop. Mar. Port
\vdash		Mr. Joseph M. Waters, 2416 Bray-Mar Road
Z	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stoling the UNDERLYING CONDITION last. (B) DUE 10, OR AS (C) A (C)	SEX VS CAPDIAL INFAPOLISM 36 MIN = ACONSEQUENCE OF: A CONSEQUENCE OF: TERIO SCLEROSM
CERTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	I PERTAYROLD DISEASE GYRS.
TIFE	194 DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION WAS PERFORMED	20A-AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
CAL CE	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in home, form, loclory, street, of DEATH (notify medical examines)	n or about 21 C. WHERE DID (If In Boltimore City, give exoct location) (if In Boltimore City, give exoct location)
MEDI	21D.TIME (Manth) (Day) (Year) (Hour) 21E INJURY OCCURRED While At Not While At Work At Work	21F. HOW DID INJURY OCCUR?
	22. I certify that (1) (this hospital) attended the degeosed from	- Oct 1958 10 MAY/ 19/2
	that (1) (we) lost saw the deceased alive on ADRIL	and that in (my) (our) opinion death occurred on the date
	and hour and from the causes stated above. (1) (We) (did) (did not) v	
		nding Med. Stoff 238, DATE SIGNED 238, DATE SIGNED Mwy (. 197)
	DEGREE	2902 CHESTKUT HILL DIE ELL CITYM
24/		MATORY 24D. LOCATION (City, town, or county) (Stote)
	Burial m 5/5/72 Woodlawn Cemetery	Baltimore, Maryland
1	AY 3 - 1972 Paber E. Janes of REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS Mitzke, 1630 Edmondson Avenue 21228
A 2	150-REV. 1/1/68	



VS 150-REV. 1/1/68

	RE CITY HEALTH DEPARTMENT
12 04260 CERTII	FICATE OF DEATH REG. NO. 72 04260
I.NAME OF DECEASED	2. DATE AND HOUR OF DEATH
Alexander I lea	may 1, 9721 835
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. II institution: residence below admission) A. STATE R. COUNTY
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C.CITY OR TOWN D. INSIDE CITY LIMITS?
George WashingTon Mursing Ho.	me Baltimore YES A NO
607 PENNSIYVANIA AVE	700 CarrolToN AVE
5. SEX 6. RACE 7. MARRIED NEVER MARRI	ligst birthdoyl Months: Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work) 10B. KIND OF BUSINESS OR IN	ED 2-9-1894 78
done during most of working life, even if retired)	DUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Alexander Iler	Graham
15. Was Deceased Ever in U. S. Armed Forces? 170s,no or unknown) [If yes, give wor or dotes of service] SECURITY NO	17. INFORMANT ADDRESS
?	Chart
18. 440. 9 1 CAUSE OF	DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OF CONDITION DIRECTLY LEADING TO DEATH	Preliment 2 class
(This does not meon the mode of dying, e.g., heart failure, asthenia, etc. If means the disease,	OR AS A CONSEQUENCE OF:
injury or complication which caused death.)	to the sail one
ANTECEDENT CAUSES (B)	Marie Vaccar Da
HADER VING CONDITION :	OR AS A CONSEQUENCE OF:
CROEKETING CONDITION 108% (C)	<i>1</i>
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL THE TER	come Train Synchrone
U 19A-DATE OF OPERATION 1198 CONDITION FOR WHICH OPERATION	1 20A. AUTOPST? (Tes or No.) 208. IF YES, WERE FINDINGS CONSIDERED
WAS PERFORMED	20A. AUTOPST? (Tes of No.) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
TE IN TENCE OF THE OWNER OWNER OF THE OWNER	Y (e.g., in or about 21 C. WHERE DID (If in Boltimore City, give exact location) itees, office bidg., INJURT OCCUR?
OF INJURY (Month) (Doy) (Year) (Haun) 21E INJURY OCCUR	
Work L A	of While I
22. I certify that (I) (this hospital) attended the deceased from that (I) (we) last saw the deceased glive an	
	and that include, (aut) abilitan death accurred an the dote
and haur and fram the causes stated above. (1) (We) (did) (did	
Kichard Apon. M.O.	Attending Med. Staff Phys. 23B, DATE SIGNED / Med. Director Phys. 1
23C.PRYSICIAN'S NAME (Type)	Phys. Director Phys. 23D. ADDRESS
Richard M. Tyson M.D.	Decrees
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY REMOVAL (Specily)	of CREMATORY 24D. LOCATION (City, town, or county) (Stote)
	ry Cemetry A A County Md
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS CHalstead 1206 W orth Ave

BAR SHILL TOWNSON COLD BY THE REPORT OF THE PARTY OF 3-9-1514 28 moderal HICKBURGY ILLER Chart

Mt Auburn Cemetry

25C. FUNERAL DIRECTOR

25B. NAME OF REGISTRAR

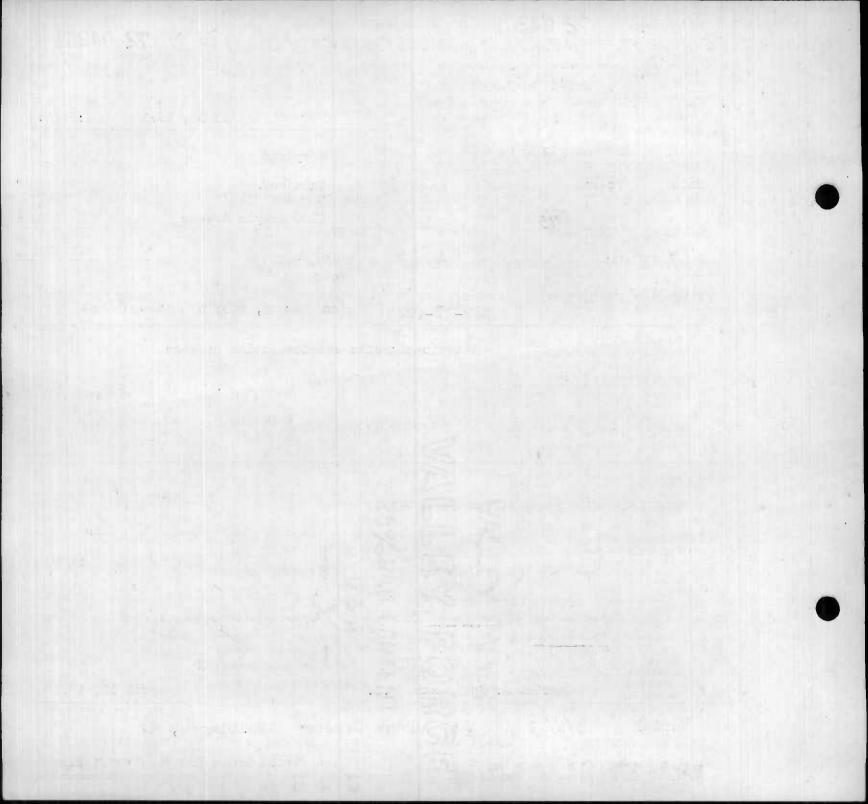
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25A. DATE REC'D BY HEALTH DEPT.

Baltimore, Ma

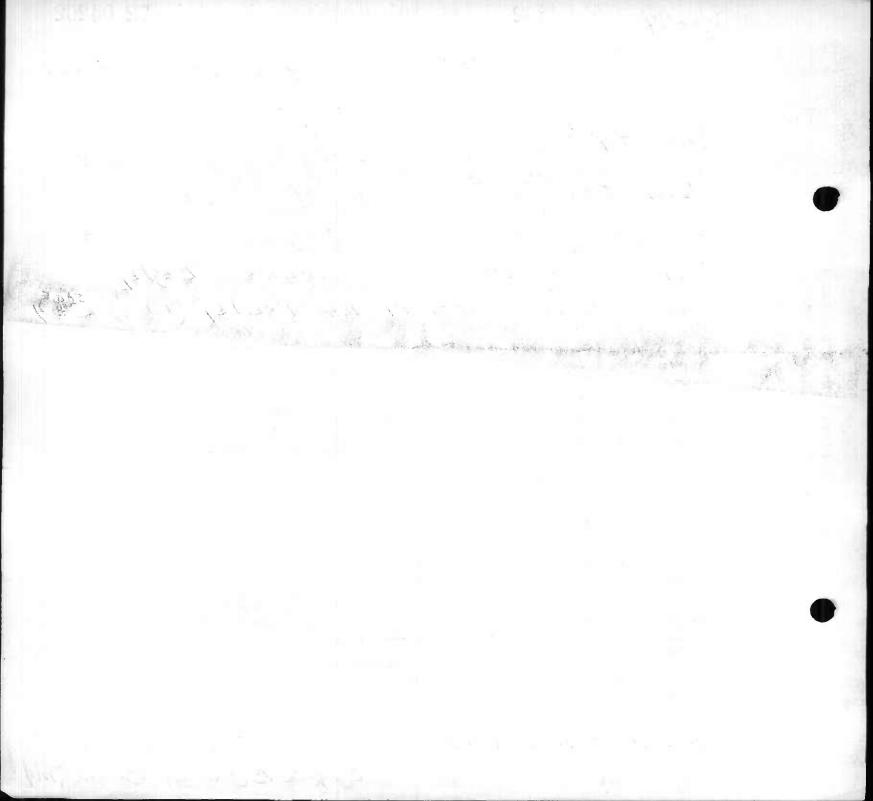
A Halstead 1206 W North Ave

ADDRESS



Such

Q cnd 72 04262	BALTIMORE CITY	HEALTH DEPARTMENT		72 04262
BRTH NO.	CERTIFICA	TE OF DEATH	REG. NO	72 01202
1. NAME OF DECEASED		12 DATE AN	ID HOUR OF DEATH	
(Type or Print) RUBY-M- PRESL	EY	11-	30-72	4:25 P
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCE		4. USUAL RESIDENCE (Whe	re deceased lived, If ins	titution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)	N, GIVE STREET	MARY LAN	d	903
Sinai Hospital of Bal	timore	Balliomer	adh	YES NO NO
Jana Hospital of Book	70	E. STREET AND NUMBER	10 1	
42		3633 green	mount A	ve. #18
TEMALE CACL WIDOWED	DIVORCED	5-1-21	9. AGE (In years last birthdoy)	if Under 1 Yr. if Under 24 His. Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BU	SINESS OR INDUSTRY	11. BIRTHPLACE (State of lore	ign country)	12. CITIZEN OF WHAT COUNTRY
HOUSE VISE OWN	HOME	VIRGINI	A	USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA		
MILAM MINER		moLLI	6 Rx	eleu
15. Was Deceased Ever in U. S. Armod Forces? (Yes, no or unknown) [lif yes, give wor at dotes of service]	SOCIAL	17. INFORMANT	4 02	SLEY ADDRESS
	SECURITY NO. 15-24-9164	MAC PRI	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	Shard AS # 4
18. / 8 3 . ()	CAUSE OF DEATH		1025	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY	Caro	li repries -	tour taile	BETWEEN ONSET AND DEATH
LEADING TO DEATH (This does not mean the made of dying, e.g.,	(A) IMMEDIATE CAU	SE	1/0	***************************************
heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death.)	DUE TO, OR AS	A CONSEQUENCE OF:		
ANTECEDENT CAUSES	Car	ci noma to	In	
DISEASES OR CONDITIONS, if any, giving	(B) DUE TO, OR AS	A CONSEQUENCE OF:	**************	***************************************
rise to the above cause (A) stating the UNDERLYING CONDITION last.	(c) Ca	of the or	vary	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
DISEASE OR CONDITION GIVEN IN PART 1 (A).	CH OPEN TION	120 A 447 CREVE IV N-	V 000 15 150	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION WAS PERFORMED U 21A. ACCIDENT WAS UNDERLYING 1 21B. PLA	CH OPERATION	20 A. AUTOPSY? (Yes of No	IN CERTIFYING CAU	NDINGS CONSIDERED SES OF DEATH?
OR CONTRIBUTING CAUSE OF home, for etc.	CE OF INJURY (e.g., in orm, factory, street, al	or obout 21 C. WHERE DIO	(If in Boltlmore	City, give exact location)
OF INJURY (Month) (Doy) (Year) (Hour) 21E, INJ	URY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
(APPROX.) While A	Not While	· 🗆		
22. I certify that (I) (this hospital) attended the d		7 7 7	19:72 to 4	- 30 19/2
that (1) (we) lost sow the deceased alive on	4- 30	-71-	/	on death occurred on the date
and hour and fram the causes stated above. (1) (W	e) (did) (did not)	/	The state of the s	The second of the dela
23A. SIGNATURE		,		23B, DATE SIGNEO
Imagon 14 3	Dhue	nding Med.	Staff Phys.	
23C. PHYSICIAN'S NAME (Type)	DEGREE	3D. ADDRESS	Kn. 1	P
24A- BURIAL CREMATION, 24B, DATE 124C, NAME	DEGREE of CEMETERY OF CRE	MATORY	Ir Ju tu	
REMOVAL (Specify)			and the same	town, or county) (Stote)
BARTAL 5-4-72 MIN		nelery	JONES YILL	LE VA
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF RI	OIDIKAK	25C. FUNERAL DIRECTOR	OFI	RADDRESS
VS 150-REV. 1/1/68	NAU	Of Charles of	D. Flaming	Denson, Mg



1	0 10			BALTIMORE CIT	Y HEALTH DEPARTMEN	NT .		
	0-43	2 72 0420	33	CERTIFICA	TE OF DEAT	H REG.	NO	72 01263
of death of death Deceased e on the 1th. Such	1. NAME OF DEC					TE AND HOUSE OF	DEATH	C 01000
T 0 F	tType or Print)	SCHULTZ, JOS	EPHINE	XXXXXX L.		PRIL XX,	1972	6:05AM M.
hospital ise of c (5) Dece ance or death.	3. PLACE IN BAL	TIMORE, MARYLAND, WH	ERE PRONOUN	CED DEAD	A. STATE B.	(Where deceased li	ved. If institution:	residence before odmission)
hospi ise o (5) D ance deat	FULL NAME OF	(IF NOT IN HOSPITA ADDRESS OR LOCAL	L OR INSTITUTION	ON, GIVE STREET	MARYLAND B.		Baltimore	5300
	HOSPITAL OR				BALT I MORE		D. INSIDE CITY	
	Lofer 193	ST AGNES HO	SPITAL		E. STREET AND NUM] ио 🛛
TI .=					4417 WILK		UE 2122	q
F 3 6 6	5. SEX	6. RACE	• MARRIED	NEVER MARRIED		9. AGE (In v	ears I of Und	er 1 Yr. If Under 24 Hrs.
ontrib ermin regule eased is ma	FEMALE					lost birthday	Monins	Days Hours Min.
or contributed of the contribute	IOA, USUAL OCC	JPATION (Give kind of work)	OR, KIND OF BU	SINESS OR INDUSTR	11. BIRTHPLACE (State	or foreign country)	12. CI	TIZEN OF WHAT COUNTRY?
or o	HOUSEWI	working life, even if refired)			MARYLAND			USA
if deal ect or 4) Und was i the de	13. FATHER'S NA	ME	•		14 MOTHER'S MAIDE	N NAME		
direct or continued by was in the december of		Unknown			FLORENCE			
200-0-	15. Wes Decessed	Ever in U. S. Armed Force	of service)	SOCIAL	17. INFORMANT			ADDRESS
f the ny kin d dec			2	SECURITY NO.	ST AGNES	HOSPITAL	BALTO I	MD 21229
medical examiner or his edical examiner. Also, burns; (3) A fracture of chysician who pronound was in regular attenremains are embalmed	DISEASES (ise to the UNDERLYIN)	LEADING TO DEATH not mean the mode of asthenia, etc. It means upilication which caused ANTECEDENT CAUSES OR CONDITIONS, if a above cause (A) CONDITION last. II EXANT CONDITIONS CON THE BUT NOT RELATED TO TH	ny, giving stoling the	(B) 120 S.	Cardiac F	aihere Myocordi	sue to	£
by a medy by a poly be the physician fore the re-	■ DISEASE OR C	OPERATION 198 COND WAS PERM	1 (A).	ICH OPERATION	NO	or No. 208, IF YE	S. WERE FINDING	S CONSIDERED DEATH?
pital by re;:(2) B where I No ph)	OF CONTRIB	NT WAS UNDERLYING DITING CAUSE OF medical examined	218. PL home, etc.)	ACE OF INJURY la.g. form, factory, street,	in or about 21 C. WHERE INJURY OCC	OID (If I	n Boltimore City, g	tve exact location)
60 t t 00 c	DEATH (notify of INJURY (APPROXI	(Month) (Doy) (Yead)	(Hour) 21 & IN While Work	At Mon		D (NJURY OCCUR		
be approach to the nt of any pital (except); and sath); and sath to be obtained the	thot/(l) (we	than (1) (this hospital) last saw the deceased d from the causes state	dive on	04/288/72	04/27/72 19	to and that in (my) (eath.		172 19 19 ath accurred on the date
accided a hos	23 C. PATSICIA HAME (ordo g-17	G ROME	RO MD	tending Med. Director 23D. ADDRESS ST AGNES		BALTO M	29-72 1D 21229
	24A. BURIAL CRI			TE OF CEMETERY OF C	E	24D. LOCATION	(City, town,	or county) (State)
body S: ()	Buria1	5-2-197	2 Loud	on Park Cem	eterv	Baltimore,	Maryland	
ow ow			258. NAME OF		25C. FUNERAL DIR			ADDRESS 21229

BETWEEN ONSET AND DEATH NDINGS CONSIDERED SES OF DEATH? City, give exact location) _19 on death accurred on the date 23B, DATE SIGNED 0 MD 21229 , town, or county) (State) 1and ADDRESS 21229 Howard H. Hubbard, 4107 Wilkens Ave xxx VS 150-REV. 1/1/68

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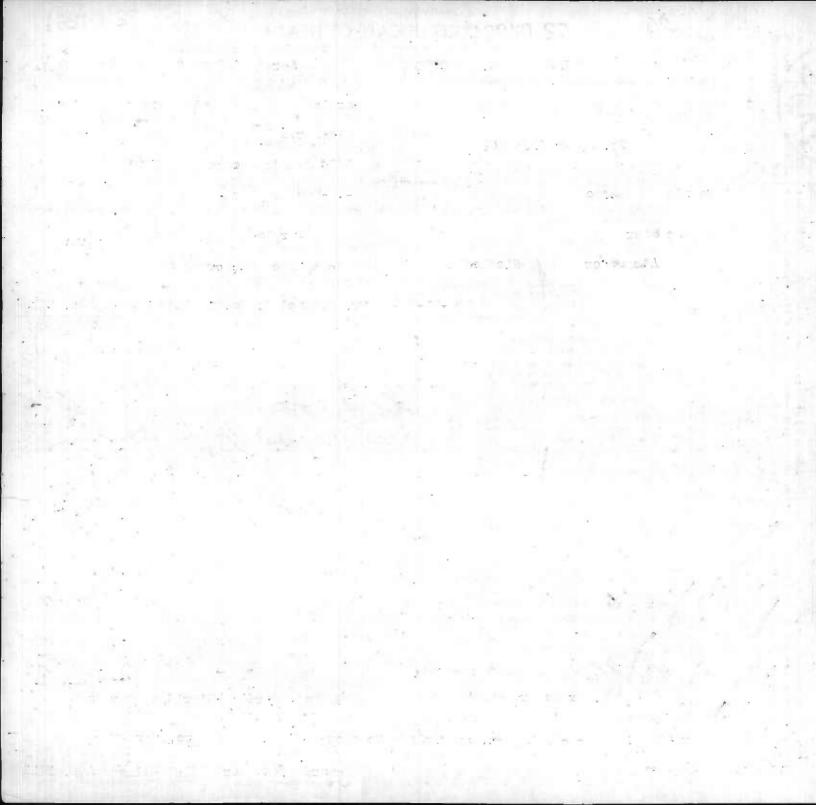
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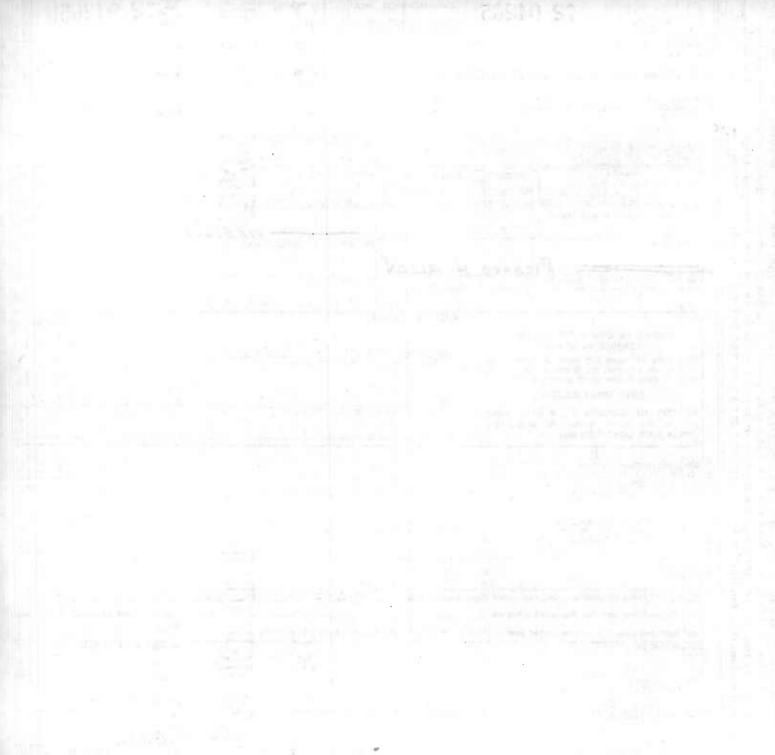
THE THE PERSON SERVED AS A RESIDENCE OF THE PERSON OF THE

VS 150-REV. 1/1/68



was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if deoth occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

M 635 72 04265 BALTIMORE CITY	HEALTH DEPARTMENT	72 04265
CERTIFICA	TE OF DEATH REG. NO	12 01200
BIRTH'NO.	2. DATE AND HOUR OF DEATH	
(Type or Print) MARTIN, NELLIE M.	may 1,1972	4 8 m
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If in	
FULL NAME OF HE NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	mh.	2101
HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN D. INS	DE CITY LIMITS?
SO. BALTIMORE GENERAL HOSP.	BALTIMORE	YES NO
3001 So. HANOVER ST.	E. STREET AND NUMBER	
BANTO , M.D. 21230	1220 S. PACA ST. B. DATE OF BIRTH 19. AGE Un years	1 If I Index 1 Vr. II Undex 24 Mrs.
MARKIED X NEVER MAKKIED	9-16-04 lost birthdoyl	Months Doys Hours Min.
TOA, USUAL OCCUPATION (GIVE KIND OF BUSINESS OR INDUSTRE		12, CITIZEN OF WHAT COUNTRY?
done during most of working life, even it retired)		
Housewife At HOME	MARTINE VIRGINIA	U.3, A.
13 FAIRER'S NAME /	MOTHER'S MAIDEN NAME	
LATHER MARKIN RICHARD H. ALLEN		
15. Wee Decessed Ever in U. S. Armed Forces? [Yes, no or unknown] [If yes, give war or dotes of service] 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
NO 2 218-10-7979	HOSPITAL RECORDS	
18-250,91 CAUSE OF DEAT	Н	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Re- I Silver	221K=
(This does not mean the mode of dylag, e.g.,	A CONSEQUENCE OF:	
heart failure, esthenia, etc. It means the disease, injury or complication which caused death.)	2/ / 100.	
ANTECEDENT CAUSES	Diabetoe nephropathy	seventres.
DISEASES OR CONDITIONS, If any, giving DUE 10, OR AS	A CONSEQUENCE OF:	35,35
ise to the above cause (A) stating the UNDERLYING CONDITION last, (C)	abetes mellitro	1245
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	11. lile Dear	n Al-
TO THE DEATH BUT NOT RELATED TO THE TERMINAL Colorada Colorad	101.43 (2)	17021
19A-DATE OF OPERATION 19R CONDITION FOR WHICH OPERATION WAS PERFORMED	20A AUTOPSYT (Yes or No.) 20K IF TES, WERE	FINDINGS CONSIDERED USES OF DEATH?
WAS PERFORMED 21A-ACCIOENT WAS UNDERLYING 21B-PLACE OF INJURY (e.g.,	in the school 21 C. WHERE DID HIS to Relational	re City, give exact location)
U 21A. ACCIOENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., lower, form, factory, street, of DEATH Inotify medical examined)	ffice bldg. INJURY OCCURS	a diff dire exect legation.
	21F. HOW DID INJURT OCCUR?	
S OF INJURT	le 🗖	
Work Las At Work	Parent 4/10 19 72 10	5// 1972
22. I certify that (1) (this hospital) attended the deceased from	02	
that (I) (we) last sow the deceased alive on		nion death occurred on the dote
ond hour and from the couses stated above. (I) (We) (did) (did not) v	view the body after death.	23 B. DATE SIGNED
MATTER NO AM	ending Med. Staff	5/1/7~
23C. PHYSICIAN'S	23D. ADDRESS	3/1/
NAME ITYPOT C THE HOSE MD	l of the street	alask.
24A. BURIAL CREMATION, 24B. DATE 24C, NAME OF CEMETERT OF CR	EMATORY 24D. LOCATION (C	ity, town, or county) (State)
REMOVAL (Specify)	1. 18.14	ere mid.
Burial 5/5/72 Cedar Hill 25A, DATE REC'D BY HEALTH DEPT. 125B, NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	U.Co. PODRESS
DANIEL O ACTION OF THE PARTY OF	a) Alex De & Somme I for	Jucy Walling St.
VS 150-REV. 1/1/68	Tomogram you e	21223
		04/200

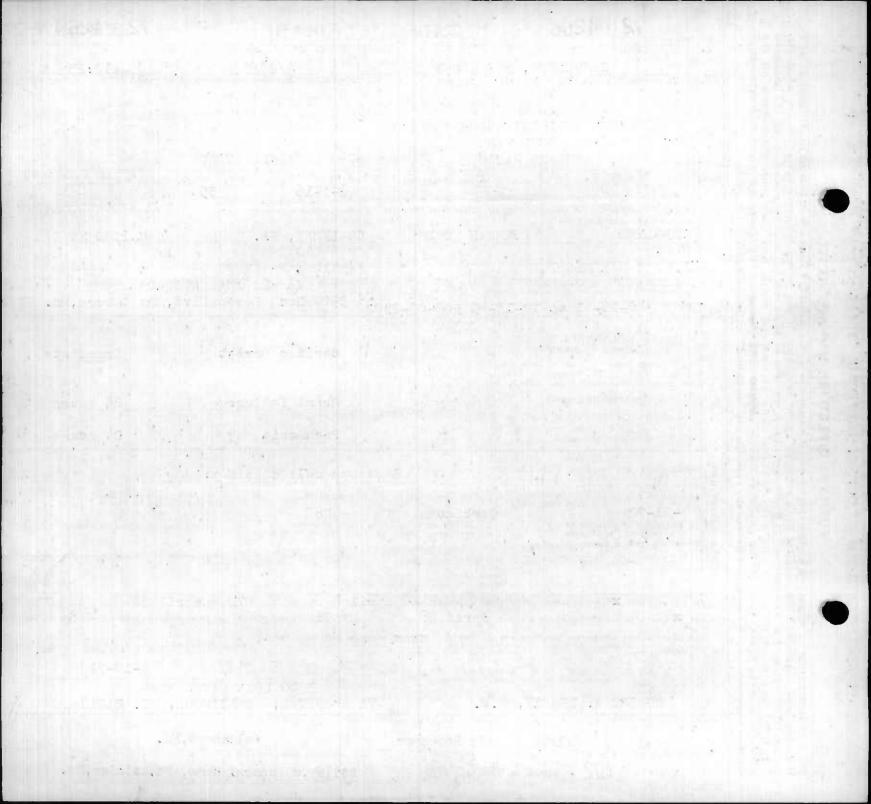


5 IMPORTANT FUNERAL DIRECTOR:

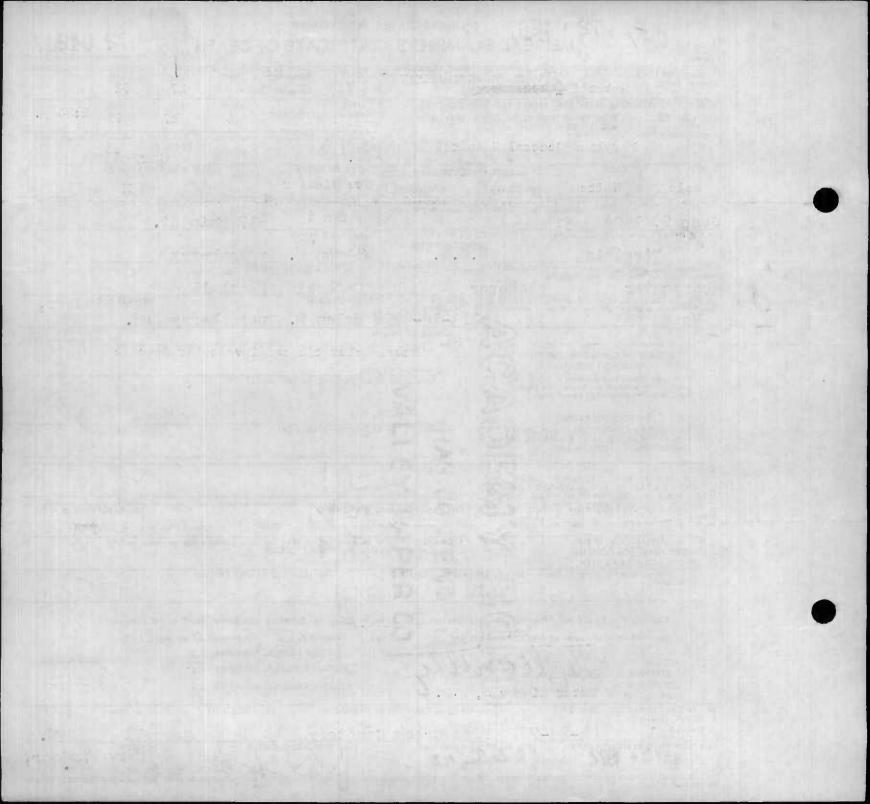
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

VS 150-REV. 1/1/68-

				BALTIMORE CITY	HEALTH DEPARTMENT			
BIR	TH NO.	72 (4)	266	CERTIFICA	TE OF DEATH	REG. NO	72 (4266	
1, N	IAME OF DECI	EASED			2. DATE	AND HOUR OF DEATH	1	
(Typ	oe or Print)	SAM	MUELSON, R	OY ELMER	4/2	8/72	12:25 A M.	
3.	PLACE IN BALT		LAND, WHERE PRO		4. USUAL RESIDENCE (W. A. STATE B. COL		institution: residence before odmission)	
HC	LL NAME OF	ADDRESS	OR LOCATION)	STITUTION, GIVE STREET	MARYLAND #		SIDE CITY LIMITS?	
IN:			ADMINISTR		C. CITY OR TOWN BALTIMORE		YES NO	
)			EN BOULEV		E. STREET AND NUMBER			
	BALTIM	IORE, MA	RYLAND 21	.218	4740 HOMEDA	LE AVENUE		
S. S	MALE.	6. RACE WHITE	1400014	NEVER MARRIED DIVORCED	8-1-16	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.	
10A			1	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or fo	oreign country)	12. CITIZEN OF WHAT COUNTRY?	
don		working life, even		EDAT HOME	77.177.000			
13.	EMBAL FATHER'S NAA		HUM	ERAL HOME	BRADFORD, P.		UNTTED STATES	
		O SAMUE	LSON		FANNIE E PAI			
15.	Was Deceased	Ever in U. S. A	Armed Forces? vor or dotes of servi	16. SOCIAL SECURITY NO.	17. INFORMANT VA H	OSPITAL REC	ORDS ADDRESS	
	YES			3-45 508-05-25	3900 Doch	Raven Blvd	, Baltimore, Md. 212	2]
-	1B. / O G	1	T 00 TO-T	CAUSE OF DEAT			APPROXIMATE INTERVAL	
	177:	SE OR CONDI	TION DIRECTLY				BETWEEN ONSET AND DEATH	
		LEADING TO		A SHAREDIATE CAL	se Cardiac	Arrest	Immediate	
		(This daes nal mean the made of dying, e.g., DUE TO. OR AS A CONSEQUENCE OF						
	heart failure, asthenia, etc. It means the disease, injury ar complication which caused death.)							
	1	ANTECEDENT CAUSES (B) Renal failure 24 hours						
	DISEASES OR CONDITIONS, if any, giving (B) DUE TO, OR AS A CONSEQUENCE OF:							
rise to the obove couse (A) stating the UNDERLYING CONDITION lost. (C)Pneumonia						24 hours		
		11						
CERTIFICATION	TO THE DEAT	H BUT NOT RELA	IONS CONTRIBUTION ATED TO THE TERMINEN IN PART 1 (A).	NG Sq.	uamous cell ca	arcinoma	***************************************	
FIC		OPERATION		OR WHICH OPERATION	20A. AUTOPSY? (Yes or	No) 20B. IF YES, WERE	FINDINGS CONSIDERED AUSES OF DEATH?	
ERT	4-21-	72		Carcinoma	No			
MEDICAL C	OR CONTRIBU	NT WAS UNDE DTING CAUS medical examin	EOF	218. PLACE OF INJURY (e.g., i home, form, foctory, street, o' etc.)		(If in Boltimo	ore City, give exoct locotion)	
ă	21 D. TIME	(Month) (Doy	y) (Yeor) (Hour)	21 E. INJURY OCCURRED	21F. HOW DID fi	NJURY OCCUR?		
2	(APPROX.)			While At While At Work				
	22. I certify	that (15) (this	hospital) attend	ed the deceased fromA:	pril 4	19 72 to Apr	il 28 19.72 ,	
							ointan death accurred on the date	
	and have and	from the cau	uses stated above	e. (1) (We) (did) (htht::most) v	view the bady ofter death	١.		
	23A. SIGNATU	RE	0-1	u-			23B. DATE SIGNED	
	to	bur	a. 0x	Attended begree Phy	ending Med. Director	Staff Phys.	6-19-72	
	23C. PHYSICIA	N'S			23D. ADDRESS 3900 I	LOCH RAVEN]	BLVD	
		BERT A.	LESSEY,	M.D. DEGREE	VA HOSPITAL,	BALTIMORE.	, MD. 21218	
24A	BURIAL CREA	MATION, 24B. Specify)	DATE 240	C. NAME of CEMETERY OF CR	EMATORY 24D.		City, town, or county) (State)	
	Buria	-	5/1/72	Holy Redeemer		Baltimore, M	ld.	
25 A		BY HEALTH D	200	ME OF REGISTRAR	25C. FUNERAL DIRECT	OR	ADDRESS	
	HUT,	~ U 19/2	WABER E	Table 100	Malley, s Fu	meral Home,	Mt.Rainier, Md.	
1/5	150-REV. 1/1/6	6.9.	-			•		

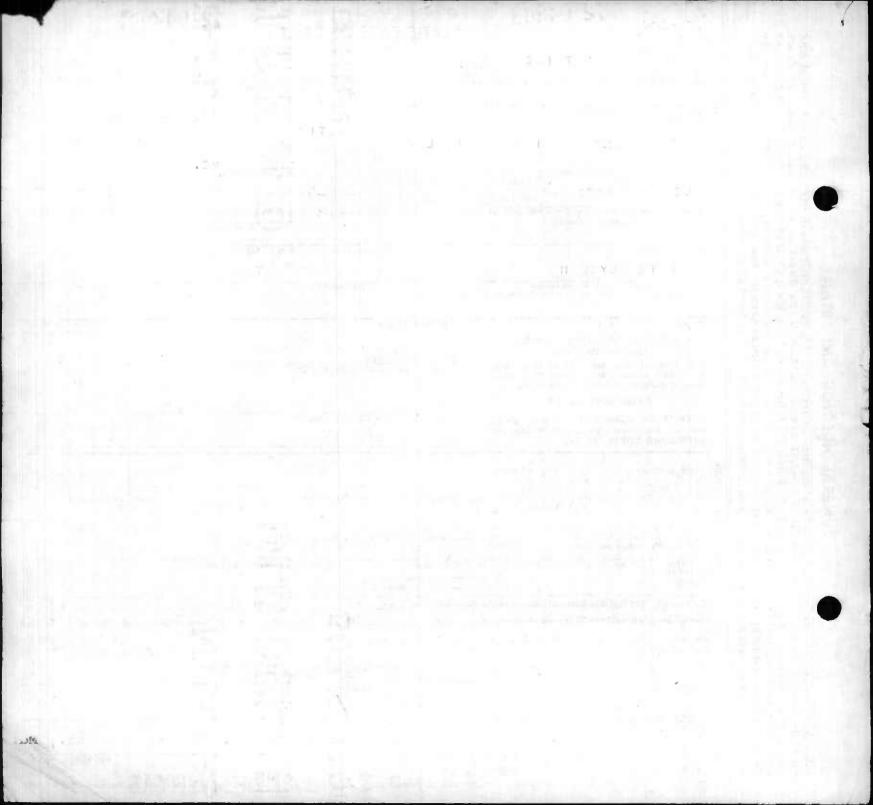


FULL NAME OF HOSPITAL		T IN HOSPITAL OR I ESS OR LOCATION)	NSTITUTION, GIVE STREET	PRONOUNCED DE	4	21	/Z = P
OR INSTITUTION	Massela	and Conora	1 Hospital	5. USUAL RESIDENCE A. STATE		ed. If institution: re B. COUNTY	sidence before admission)
48	rial y la	illa Gellera	I nospital	Md.		Carr	oll
6. SEX	7. RACE	B. M.	ARRIED TO NEVER MARRIED	C. CITY OR TOWN		D. INSIDE CITY I	IMITS?
male	Whit		OWED DIVORCED	New Windson	c	YES [No 🗆
9. DATE OF BIRT	Н	10. AGE (In years	If Under 1 Yr. If Under 24 Hrs.	E. STREET AND NUM	ABER		
June 2,	1909	lost birthdoy) 62	Months Doys Hours Min.	Box 2	417 Mai	in St.	
11. BIRTHPLACE			12. CITIZEN OF	13. FATHER'S NAME	12/ 1100		
Tri	rginia	9	WHAT COUNTRY?	Wilson H.	Onesenha	איןיין כ	
14A.USUAL OCCI	JPATION (GIV	e kind of work 14B. KI	ND OF BUSINESS OR INDUSTR	15. MOTHER'S MAID	EN NAME	244,7	
done during most of		100	borer	Catherin	e Marshal	17	
	ED EVER IN	U.S. ARMED FOR	CES? 17. SOCIAL	18. INFORMANT	e Mar Siras	ADD	Windsor,
(Yes, na orunknowr NO	(If yes, give	wor or dates of serv	security No. 213-16-097	Helen M.	Quesenbe		
119. / / / /	11		CAUSE OF DEA		Anazembe	sily Mu	APPROXIMATE INTERVAL
1412	1			iosclerotic o	ardi ovascu	lar dise	BETWEEN ONSET AND DEATH
DISEAS	SE OR COND	ITION DIRECTLY			cardiovasci	ital disea	
(This does	_	mode of dying, e.	(A)IMMEDIATE (AS A CONSEQUENCE OF			
heart failure	e, asthenia, etc	. It means the diseased ch coused death.)	se,				
	NTECEDENT		(B)	AS A CONSEQUENCE C)£.		
RISE TO TH	E ABOVE CA	ONS, IF ANY, GIVI	HE DOE 10, OK	AS A CONSEQUENCE C	or:		
Z	NG CONDIT	ION LAST.	(c)				
위 -		11					
OTHER SIG. TO THE DE DISEASE O	NIFICANT COL	NDITIONS CONTRI	BUTING				
DISEASE O	RCONDITION	GIVEN IN PART 1	(A).				- Av
20A. DATE C	F OPERATIO	N 20B. CONDITIO	ON FOR WHICH OPERATION W	AS PERFORMED		21	. AUTOPSY? (Yes or No)
164							yes
	RNAL CAUSE		22B. PLACE OF INJURY (e.g., home, form, foctory, street, offic	in or obout 22C, WHER bldg., etc.) INJURY OC	RE DID (If in Boltimor	e City, give exact le	ocation)
D UTING C	AUSE OF DEA						
OF INJURY	(Month) (Doy) (Yeor) (1	lour) 22E.INJURY OCCURRED		DID INJURY OCCU	JR?	
(APPROX.)			m. WHILE AT NOT	WHILE U			
23.							
1 cer	tify that I h	eld on Inquir	y Inspection Au	tapsy KX and th	at on this basis,	death in my opi	nlon
resu	Ited from: N	lotural couses	Accident Suich	de Homicide	Undetermin	ned monner	
ACTUA		1 1/2	10/1/1	CHIEF ME	DICAL EXAMINER		DATE SIGNED
SIGNA		ly le	OVINCE MI	ASSISTANT ME	DICAL EXAMINER	XK	
EXAMIN	VER'S	Poton Tani	rozzio M.D.	ASSOCIATE ME	DICAL EXAMINER		4/28/72
NAME	(lype)		covic, M.D.				
24A. BURIAL CRE REMOVAL (Spec	MATION,	24B. DATE	24C. NAME of CEMETERY	or CREMATORY	24D. LOCATION	(City, town, or	county) (State)
Burial		4-29-72	Pipe Creek	Cemeterv		Carrol	1 Md.
25A. DATE REC'I	BY HEALTH	DEPT 25E	NAME OF REGISTRAR	25 P. FUNERAL	DIRECTOR	ADD	ESS
MAY	0 - 13/6	Ulabert 6	, Theben A.D.	1/1/	Sportite	worker!	New Windsor,
VS 151-REV. 1/1/6	SB		9 9 0 :		3 /	17000	
						The state of	



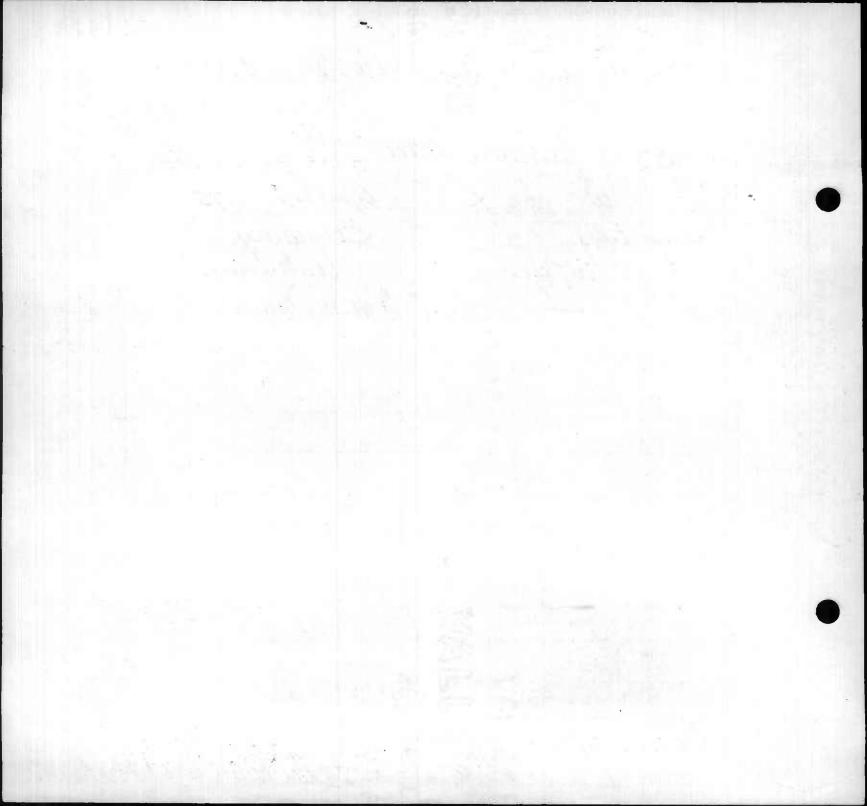
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

5-436	72 04268		TE OF DEATH	REG: NO.	265
1. NAME OF DECEASED	ANTOINE	Slater	2. DATE AL	ND HOUR OF DEATH	12020 P
3. PLACE IN BALYMORE		OUNCED DEAD	A USUAL RESIDENCE (Who A. STATE B. COUN MARYLAND	me deceased lived, If ins	Astitution: residence before admission)
INSTITUTION	NOY IN HOSPITAL OR INS		C. CITY OR TOWN BALTIMORE	D. INSIC	DE CITY LIMITS? YES NO NO
33 THE JOHN	NS HOPKINS H	HOSPITAL	E. STREET AND NUMBER 1822 ASHLA	ND AVE.	
	GRO 7. MARRIE	DIVORCED	8. DATE OF BIRYH 2-20-72	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
done during most of working life	(Give kind of work 10B, KIND), even if retired)	OF BUSINESS OR INDUSTRY	Johns Hopkin	s Hospital	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME WYATT CL	YBURN		Baltimore Ma 14 MOTHER'S MAIDEN NA JOAN LAT	WE	
15. Was Deceased Ever in U (Yes, no or unknown) (If yes, g	l. S. Armed Forces? give wor or dotes of service	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
COTHER SIGNIFICANT CO	DENT CAUSES DITIONS, if any, givin cause (A) stating the	(e) Dixola (e) Dixola (c) Clema	Mentran A A CONSEQUENCE OF: A CONSEQUENCE OF: ACUTY	Oissase & gr	7 days eunonia
19A. DATE OF OPERATE	ON 198 CONDITION FOR WAS PERFORMED	WHICH OPERATION	20A. AUYOPSY? (Yes or No	ON 208, IF YES, WERE FI	INDINGS CONSIDERED SES OF DEATH?
21A. A CCIDENT WAS U OR CONTRIBUTING O DEATH (notify medical of	JNDERLYING 22 CAUSE OF hexamined e	1B. PLACE OF INJURY (e.g., in ome, form, foctory, street, of ic.)	or about 21 C. WHERE DID	(tl In Boltimore	City, give exact location)
OF INJURY (APPROX.)	v	Vhile At Not While York		URY OCCUR?	
and haur and fram the 23A-SIGNATURE 23C-PHYSICIAN'S NAME (Typel 24A-BURIAL CREMATION, REMOVAL (Succity) Cremation	causes stated above. C. Ba 24B. DAYE 2/29/72 J	the deceased from 2 2 - 28 (I) (We) (did) (did not) v DEGREE Phys NAME of CEMETERY or CRE Ohns Hopkins	19 72 and the lew the bady after death. Identified the bady after death.	Svoalway OCATION (City I N. Broad	
25A. DATE REC'D BY HEAL MAY 4 - 1972 VS 150-REV. 1/1/68		of REGISTRAR	25C. FUNERAL DIRECTOR	PAL DISPO	ADDRESS



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. FUNERAL DIRECTOR: IMPORTANT

M (1) BALTIMORE CITY HEALTH DEPARTMENT				
BIRTH NO. 72 04269 CERTIFICATE OF DEATH REG. NO. 72 04269				
1. NAME OF DECEASED POINTS PRINCE OF DECEASED PRINCE OF DEATH (Type or Print) 2. DATE AND HOUR OF DEATH (Type or Print) M.				
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAT RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE B. COUNTY				
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION A		C. CITY OR TOWN D. INSIDE CITY LIMITS?		
no Do		Dallo.	YES	NO 🗆
3213 Juneau Mace		E. STREET AND NUMBER 3213 Juneau Place		
5. SEX 6. RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED			AGE (In years If Mo	Under 1 Yr. If Under 24 Hrs. nths: Days Hours Min.
10A. USUAD OCCUPATION (Give kind of work) 0B. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?				
Hausties		Glinany		
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
Hans Wagner		Unknown		
15. Wos Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service)	16. SOCIAL SECURITY NO. A 215-01-8717	Almu Mue	res 3506	Cackride Dr.
CAUSE OF DEATH CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
DISEASE OR CONDITION DIRECTLY				
(A) IMMEDIATE CAUSE (THIS daes not mean the mode of dying, e.g., (A) IMMEDIATE CAUSE (THIS CAUSE (THI				
heart failure, asthenia, etc. It means the disease, injuly of complication which caused death.)				
ANTECEDENT CAUSES ANTECEDENT CAUSES				
DISEASES OR CONDITIONS, if any, giving (B) DUE TO, OR AS A CONSEQUENCE OF:				
rise to the above cause (A) stating the UNDERLYING CONDITION last.				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).				
19A. DATE OF OPERATION 198. CONDITION FOR WAS PERFORMED		IN CERTIFYING CAUSES	OF DEATH?	
U 21A. ACCIDENT WAS UNDERLYING DOR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	ne, form, foctory, street, o	ffice bldg., INJURY OCCUR?	(If in Soltimore Cit	y, give exect location)
21D. TIME (Month) (Doy) (Year) (Hourl 21E	21F. HOW DID INJU	JRY OCCUR?		
(APPROX)	hile At Not While Ork Not Work			10
22. I certify that (I) (this bespital) attended the deceased from Thomasy 19 TV to effect vo 19 /2.				
that (1) (we) last saw the deceased alive an				
and haur and fram the causes stated abave. (1) (We) (did nat) view the bady after death.				
23A. SIGNATORE (10 5 6 10 10 10 10 10 10 10 10 10 10 10 10 10				
DEGREE Phys. 2 Director Phys. 4				
23C. PHYSICIAN'S NAME (Type) (1-F. HARFGIAMA) 23D. ADDRESS. HOLD WITH A CONTROL OF THE PROPERTY OF THE PROPERT				
DEGREE 24A. BURIAL CREMATION, 24B. DATE , 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (State)				
24A. BURIAL CREMATION, 24B. DATE 24C, NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county)				
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. TUNERAL DIRECTOR ADDRESS				
MAY 4-1072 P.C. 2 2 2 2 0 0 0 1 / p. Spelia aug 6067 Hulas Rd				
VS 150-REV, 1/1/6B				



BALTIMORE CIT	Y HEALTH DEPARTMENT				
BIRTH NO. 72 04270 CERTIFICA	TE OF DEATH REG. NO. 72 04270				
1. NAME OF DECEASED	2, DATE AND HOUR OF DEATH				
(Type or Print) Og/Eq GEORGE BuchAN	MAY 1972 11 55 PM				
3. PLACE IN BALTIMOTE, MARTAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE B. COUNTY					
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?				
WIN of Maryland Hospital	NEW CASTLE YES NO				
0 0	Box 131 RT/				
S. SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.				
WIDOWED DIVORCED	9-19-14 57				
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired)	The state of the s				
Parchasins Agent STAUSFER CHEM CO.	DEI. USA				
	14. MOTHER'S MAIDEN NAME				
GEORGE B. Ogle	MABLE BUCHANAN				
15. Was Deceosed Ever in U. S. Armed Ferces 16. SOCIAL (Yes, no or unknown) (If yes, give wor er dates of service) SECURITY NO.	17. INFORMANT ADDRESS				
NO DAKNOWN	Helen L. OELE				
18. 1959 CAUSE OF DEAT					
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH SQUAMOUS CEIL CANCINOMA OF The					
This does not mean the made of dying, e.g.,					
heori laiture, oslhenia, etc. II means the disease, injury ar camplication which caused death.) DUE 10, OR AS A CONSEQUENCE OF: Right Chest Wall & Metastasis to					
ANTECEDENCE CANOES					
DISEASES OR CONDITIONS, if any, giving (B) RIAL PERMIT THE RIGHT AND TH					
rise to the above cause (A) staling the					
UNDERLYING CONDITION lost. (C)					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 194-Date of Operation 198-Condition for which Operation 198-Conditions of Death?					
19A-DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?				
121 April 72 WAS PERFORMED Thoracotomy	No				
O 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact location)					
BEATH Inotify medical examiner) etc.)					
21D.TIME (Menth) (Doy) (Yeor) (Hour) 21E, INJURY OCCURRED OF INJURY While At The Not While	21F. HOW DID INJURY OCCUR?				
(APPROX.) While At Not While At Work At Work	° 🔲				
22. 1 certify that (1) (this hospital) attended the deceosed from 13 April 19 22 to 1 May 19 22					
that (\$P(we) lost sow the deceased alive on 1744 19 22 and that in (my) (our) opinion death occurred on the date					
ond hour and fram the couses stated above. (1) (We) (did) (did not) view the bady after death.					
23A. SIGNATURE					
DECEST Phy	nding Med. Stoff Phys. Med. Mag 1/2				
DEGREE	23D. ADDRESS				
Wm Gregry Bruce OEGREE 24A. BURIAL GREMATION, 24K. DATE 24C. NAME OF CEMETERY OF GREMATORY 24D. LOCATION (City, town, of county) (State)					
Burial 5-5-72 Riverview Cemetery Wilmington, Delaware					
25A. DATE REC'D BY HEALTH DEPT. 25E. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS					
MAY 4 - 1972 Visite & E. Jacker & D. Wm. Gook-Brooks, Towson, I.N.C. Towson, Md2120					

24A. BURIAL CREMATION, 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION 24B. DATE (City, town, or county) (State) REMOVAL (Specify) Keyser, West Virginia Burial 5-4-1972 Queens Point Cemetery 258. NAME OF REGISTRAR ADDRESS 25A. DATE REC'D BY HEALTH DERJ. 25C. FUNERAL DIRECTOR . Jalber A.B. Howard H. Hubbard, 4107 Wilkens Ave. 21229

VS 151-REV. 1/1/6B

tention in the tention of the tentio Tallette and the second of the second second second and the second sold to second the second Cartinate and the selection of the selec

Such death Deceased uo hospital death. of attendance (2) COUSE canse; 0 O prior contributing Undetermined is made. 2 deceased regu disposition 2 0 SD the 4 eath 50 kind final attendance any pronounced 0 pew of bal regular miner. fracti em who are = physician the remains medical edical Was burns; physician chief the 0 before the

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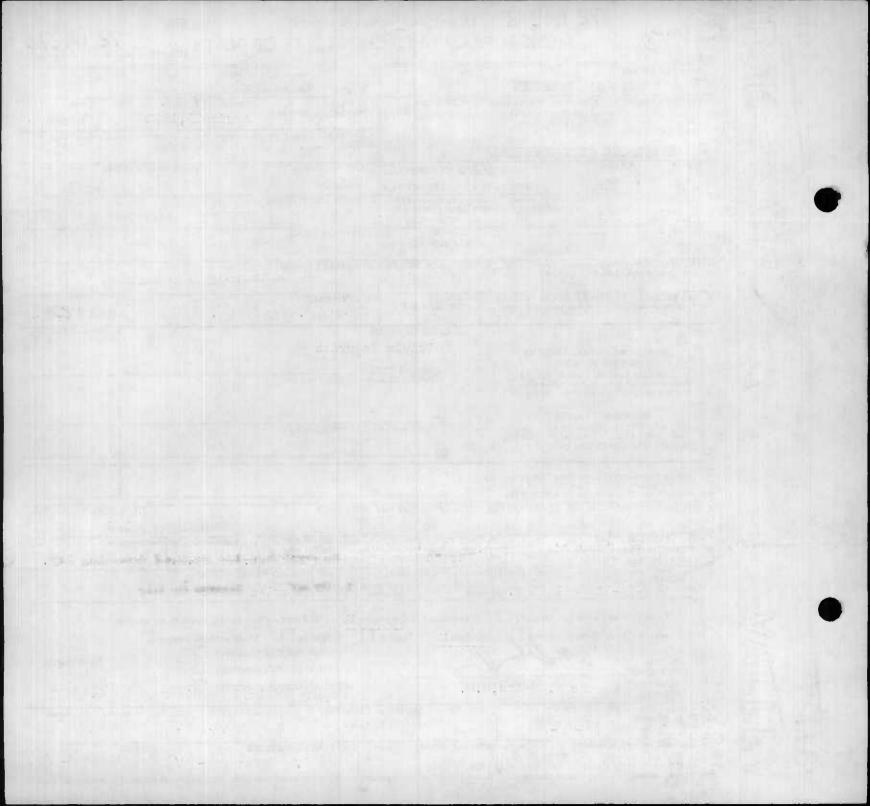
approval

written

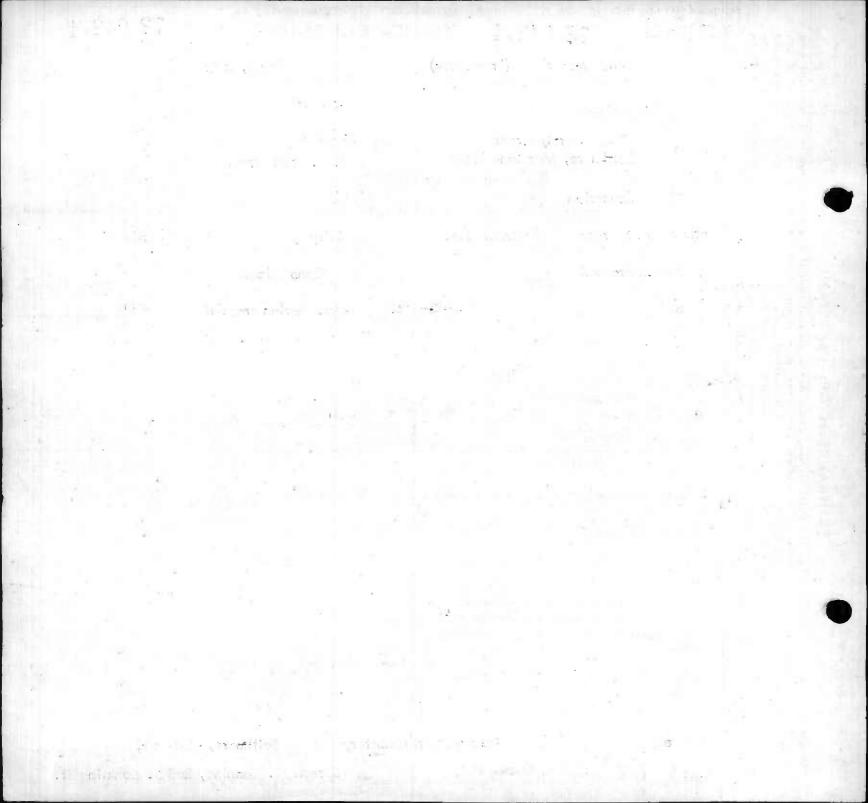
BALTIMORE CITY HEALTH DEPARTMENT 72 04272 REG. NO. CERTIFICATE OF DEATH I. NAME OF DECEASED 2 DATE AND HOUR OF DEATH (Type or Print) 0 3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENC (Where deceased lived, If institution: residence before admission)
A. STATE
B. COUNTY FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C. CITY OR TOWN D. INSIDE CITY LIMITS? YES NOK E. STREET AND NUMBER 28 5. SEX 6. RACE If Under 24 Hisa Hours i Mine 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years If Under 1 Yi. Hours last birthday WIDOWED DIVORCED OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Gardner 13. FATHER'S NAME 4. MOTHER'S MAIDEN NAME 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service) 1 6. SOCIAL 17. INFORM AN ADDRESS SECURITY NO. 212-03-3539 18. CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: heart failure, asthenia, etc. It means the disease, injury at complication which caused death.) ANTECEDENT CAUSES DUE TO, OR AS A CONSEQUENCE OF DISEASES OR CONDITIONS, il any, giving rise to the obave cause (A) stating the UNDERLYING CONDITION last. 11 CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION 20A. AUTOPSY? IYes at No. 20B. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID (If In Baltimore City, give exoci location) home, form, foctory, street, office bldg., INJURY OCCUR? MEDICAL DEATH (notify medical examined) 21D. TIME OF INJURY (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? Not While While At (APPROX) Work At Work 22. I certify that (1) (this hospital) attended the deceased fram that (1) (we) last saw the deceased alive an... 19. and that In(my) (aur) apinion death accurred on the date and haur and from the causes stated above. (1) (We) (did) (did not) view the body after death. 23A. SIGNATURE 1945 Hidcot house 23B, DATE SIGNED Attending Med. Stoff Phys. Director Phys. DEGREE 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type) CP 15 DEGREE 24A. BURIAL CREMATION, 24C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION lown, or county (Stotel REMOVAL (Specily) 258 NAME OF REGISTRAR 25C. FUMERAL DIRECTOR ADDRESS VS 150-REV. 1/1/68

First Frake Horacheles . " . Since Hospital 8128 Seld Rhiber File 6. " I White x 84 88/31/4 Eindner Sandanny another Peter Worksmither steakmens was or in lengual Webbonather and was time Ne World Lineal 120 hours

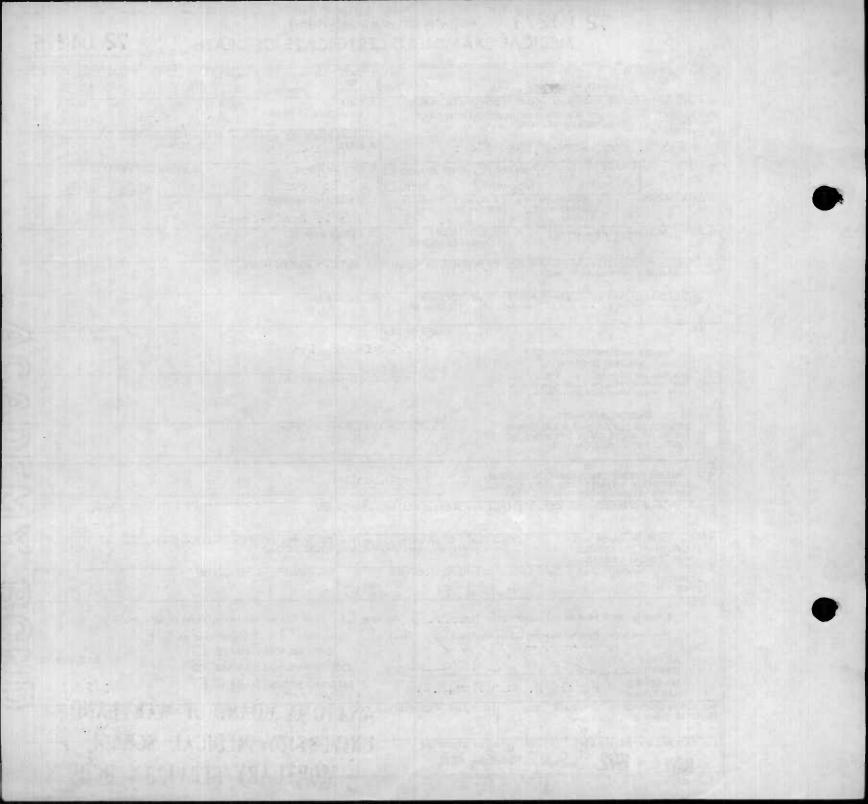
1/2-1	CERTIFICATE OF DEATH REG. NO	72 0427
1. NAME OF DECEASED	2. DATE Known Annth Day	Year Hour
ENNOS HOOSEIN	DEATH Estimoted L	
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)	PRONOUNCED DEAD April 25, 1972	
BALTIMORE CITY HOSPITAL	5. USUAL RESIDENCE (Where deceased lived. If Institution A. STATE Ind B. COUNTY	on: residence before admission)
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE C	HY LIMITS?
Male Hind WIDOWED DIVORCED] Kolaba	res 🔲 No 🗎
9. DATE OF BIRTH 10.AGE (in years If Under 1 Yr. If Under 24 Hrs lost birthdoy) Months: Days Haurs Min	E. STREET AND NUMBER	
11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME	
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTI done during most of working kile, even if retired)	RY 15. MOTHER'S MAIDEN NAME	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL (Yes, no or unknown) (It yes, give war or dotes of service) SECURITY NO.	18. INFORMANT Robert C. Herd & Co. ! Sout	ADDRESS Lalvert Eldo.
LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. it means the disease, injury ar complication which caused death.) ANTECEDENT CAUSES (A) IMMEDIATE DUE 10, OR	AS A CONSEQUENCE OF:	BETWEEN ONSET AND DI
RISE TO THE ABOVE CAUSE (A) STATING THE	R AS A CONSEQUENCE OF:	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W		
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	VAS PERFORMED	21. AUTOPSY? (Yes or No
UTING CAUSE OF DEATH. Street 22D. TIME (Month) (Day) (Year) (Hour) 122F IN 1119Y DCC11995D	in or obout 22C. WHERE DID (I in Baltimore City, give ex loo bidg, etc.) INJURY OCCUR? Dundalk Ave. 189 ft.N.of 22F. HOW DID INJURY OCCUR? TWHILE X Pedestrian struck by c	Broening Hwy.
I certify that I held an Inquiry Inspection Arresulted framy Natural causes Accident Suici	utopsy 🗵 and that on this basis, death in my	
ACTUAL SIGNATURE M.	CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER	DATE SIGNED
EXAMINER'S Werner U. Spitz, M.D.	ASSOCIATE MEDICAL EXAMINER Deputy Medical Examiner	4.25.72
24A. BURIAL CREMATION, REMOVAL (Specify) 4-26-72 24C. NAME of CEMETERY Parhyood Ce		n, ar county) (State)
25A. DATE REC'D BY HEALTH DEPT. MAY 4 - 1972 VS 151-REV. 1/1/68	John C. Miller Inc-0415	WODRESS Belair Road-212



BAL	LTIMORE CITY HEALTH DEPARTMENT
72 0427⊈ CE	ERTIFICATE OF DEATH REG. NO. 72 04274
(Type or Print) Tony Employ!	2. DATE AND HOUR OF DEATH
Tony Fraskeri (Frascheri	
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DE	A, STATE B, COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVEN STITUTION, GIVEN STITUTION) (IF NOT IN HOSPITAL OR INSTITUTION, GIVEN STITUTION, GIVEN	VE STREET Maryland C. CITY OR TOWN D. INSIDE CITY LIMITS?
3412 E. Pratt Street	Baltimore YES NO
Baltimore, Maryland 21224	3412 E. Pratt Street
S. SEX 6. RACE 7. MARRIED NEVER	B. DATE OF BIRTH 9. AGE (In years II Under 1 Yr. II Under 24 Hrs.
M Caucasian WIDOWED D	DIVORCED 8/30/1886 86
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS done during most of working life, even if retired)	S OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Retired Steelworker Weirton Steel	Sicily Italy
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Joseph Frasketi	C
15. Wos Deceased Ever in U. S. Armed Forces? 16. SOCIA	Cong Micgle AL 17. INFORMANT ADDRESS
(Yes, no or unknown) (II yes, give war or dotes of service) SECUR	IRITY NO.
	03-5522 Mrs. Marian Frasketi same
(B). Heart failure, asthenia, etc. II means the disease, injury or complication which coused death.) ANTECEDENT CAUSES ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION lost. (C). II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OP WAS PERFORMED OR CONTRIBUTING CAUSE OF CONTRIBUTING CONTRIBUTING CAUSE OF CAUSE OF CONTRIBUTING CAUSE OF	IN CERTIFYING CAUSES OF DEATH? DF INJURY (e.g., in or obout loctory, street, office bldg., INJURY OCCUR? OCCURRED IN CERTIFYING CAUSES OF DEATH? (If th Baltimore City, give exact location)
(APPROX.) While At Work	Not While At Work
22. I certify that (1) (this hospital) attended the decease that (1) (wa) lost saw the deceased alive an and hour and fram the causes stated abave. (1) (We) (di	sed from 19 to 5/2 1972 and that in (my) (aur) apinion death accurred on the date
23A. SIGNATURE 23C. PHYSICIAN'S	Attending Med. Director Phys. 23B, DATE SIGNED
NAME (Type) J H Goodman	MO Q A Helplace Con
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CE	EMETERY OF CREMATORY 24D. (City, town, or county) (Stote)
REMOVAL (Specify) Bueia 5/5/72 Sacred H	House Compton
Bueia 5/5/72 Sacred I	Heart Cemetery Baltimore, Maryland ADDRESS ADDRESS
MAY 4 - 1972 Paber E Jabon M.D.	Joseph N. Zannino, 263 S. Conkling St.
VS 150-REV. 1/1/68	J 2 6 7



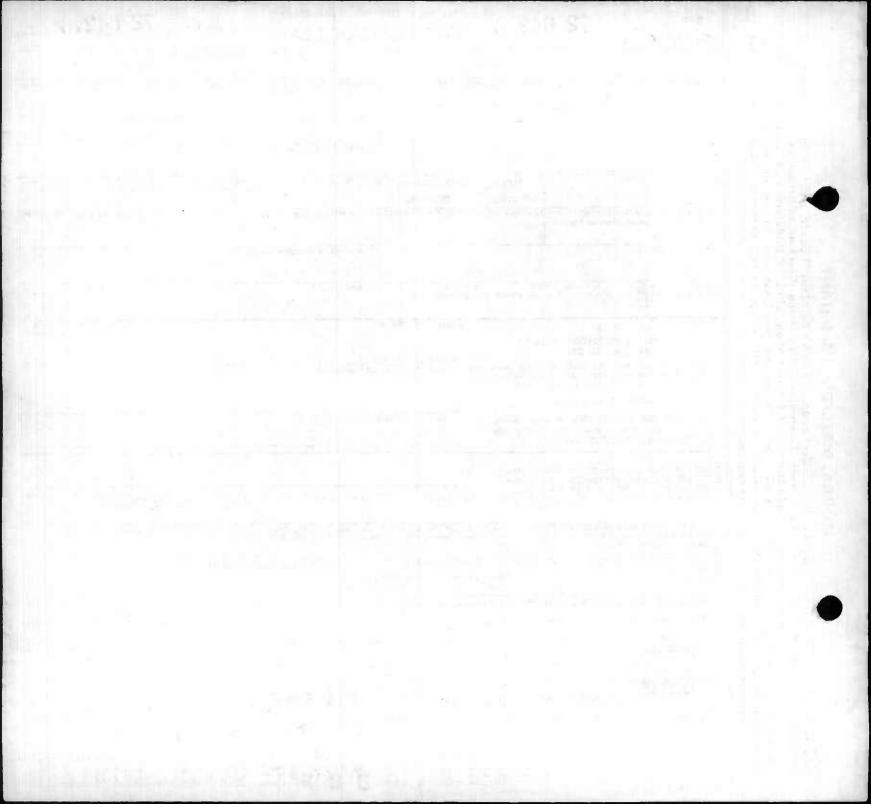
BI	1-623	3	MED		. E	BALTIMORE CITY H				DEAT	H REG. NO	72	04275
1.	NAME OF DE						2. DATE OF	-	Known 🗆	Month	Doy	Year	Hour
-	PLACE IN BA	ANDRE		GHTSC		DUNCED DEAD	DEATH		Estimoted				
FU HC	LL NAME OF SPITAL INSTITUTION					ON, GIVE STREET			CED DEAD		1, 1972		2:08 P.
0	121	. Bond	Street	, 3rd	1 f	loor	IIA. STATE		pence (where	deceased liv	ed. If Institution: B. COUNTY	residence	before admission)
6.	SEX	7. RACE		B. MARR	IED [NEVER MARRIED	C. CITY C	RTC	OWN		D. INSIDE CIT	Y LIMITS?	1
	Male	White	е	WIDOV	-	-	Ba 1	ti	more		YE	٠,	No 🗆
9.	DATE OF BIRT	Н	10. AGE (ir lost birthdo	75?	If Ur Mont	nder i Yr. II Under 24 Hrs hs Doys Hours Min			Bond St	reet			
11.	BIRTHPLACE (State or forei	gn country)			THE COUNTRY?	13. FATHE			1000			
14A don	.USUAL OCCL	IPATION (Gi	ve kind of work ven Il relired)	14B. KIND	OF I	BUSINESS OR INDUSTR	Y 15. MOTH	ER'S	MAIDEN NA	ME			
16. (Ye	WAS DECEAS	ED EVER IN	U.S. ARMED	FORCES of service	?	17. SOCIAL SECURITY NO.	18. INFOR	MAI	NT		AD	DRESS	
-	19. 1 /7	10				CAUSE OF DE	TH	_				AF	PROXIMATE INTERVAL
	D) //	1	NEW CALL DANS				osis of	1	iver				VEEN ONSET AND DEA
	DISEAS	LEADING TO	DITION DIRECT	TILY				_	TVEL				
	(This does not heart follows	ol meon the	made of dyi	ing, e.g., disease,		(A)IMMEDIATE DUE TO, OR	AS A CONSE	QUE	NCE OF:				
		piiconon win		,									
		NTECEDENT		GIVING		(B)	AS A CONS	FOU	ENCE OF				
	RISE TO THE	E ABOVE CA	ONS, IF ANY, USE (A) STAT	ING THE			70 7 00 NO	Laro	INCE OF.				
O						(c)				***************************************			
CERTIFICATION	10 THE DE	ATH BUT NO	II NDITIONS CO I RELATED TO GIVEN IN PA	THE TERMI	ING	Parki	nsonism	l					
ERT					FOR	WHICH OPERATION W	AS PERFOR	MED				21. AUTO	PSY? (Yes or No)
0	0			L								n	0
EDICA	22A. EXTER UNDERLYING UTING CA		TRIB-		22B.P home	LACE OF INJURY (e.g., farm, lociory, street, olli	In or obout e bldg., etc.)	22C.	WHERE DID (JRY OCCUR?	l in Boltimore	City, give exac	location)	
Σ			Doy) (Year)	(Hour		E.INJURY OCCURRED		22F.	HOW DID INJ	URY OCCU	R?		
	(APPROX.)				m. W		WHILE ORK						
		ify that I h	eld an In	quiry [7	Inspection X Au	toney 🗆		and that on th	la basta .	leash to a		
			atural caus	_		cident Suici	Permi				ed manner		
П		/-) /	7.	1/	17			EF MEDICAL E				
Н	SIGNATI		ust	MI	w	bh M.C	ACC		NT MEDICAL E		x		DATE SIGNED
	EXAMIN NAME (1	ER'S T	Ronald 1	N. Ko	rnt	olum, M.D.		OCIA	TE MEDICAL E	CAMINER [3	/2/72
REI	. BURIAL CREA MOVAL (Specif	MATION, 2	48. DATE	-72	240	NAME of CEMETERY	or ARMAT	P	MYBU	ARB	Fein, A.	RYL	(Stote)
254	DATE REC'D	BY HEALTH	-	25B. N.	AME	OF REGISTRAR	UNE	杨	R D R CTO	MEDI	CAL S	GEO O	L
VS	151-REV. 7/1/68	FILE	Acceptable and a second	C. 41	7	2 ()		W.	RTUAL	RY SI	RVICE	_B	CHD
							0	010-0					



FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	21/1	2 72 043	370		LTH DEPARTMENT	× REG. NO.	72 04276
	TH NO.	2-04255	CERT	IFICATE	OF DEATH		37,570
	pe or Print)	Bala bon	Zateroczi	ski	3/29	ND/HOUR OF DEATH	20 1
3.	PLACE IN BALT	MORE MARILAND, WHERE	PRONOUNCED DEAD	4. U A. S	SUAL RESIDENCE (WHO	ere deceased lived. It in:	stitution: residence before admission
FU	LL NAME OF	IF NOT IN HOSPITAL O	R INSTITUTION, GIVE STI	REET	TY OR TOWN	1.440	5300
14 12	NOITUTITE	. 0			Baltina	D. INSI	YES NO NO
A		et, yen V	Loop	E. S	TREET AND NUMBER	m.	
	0	white will	ARRIED NEVER MAR	CED	クコー	9. AGE IIn years lost birthdoy	Il Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
don	e during most of w	PATION (Give kind of work 108, orking life, even if refired)	KIND OF BUSINESS OR II	NDUSTRY 11. B	RTHPLACE (Slote or lore	ign countryl	12. CITIZEN OF WHAT COUNTRY?
13.	FATHER'S NAM		znski	14. A	Doris maiden NA	ME rie Tun	ink.
15. (Ye:	Was Deceased I s, no or unknown!	Ever in U. S. Armed Forces? (II yes, give war or doles of s	II 6- SOCIAL	17. 16	Chart		ADDRESS
non.	Ithis does no heart failure, a fa	OR CONDITION DIRECTI EADING TO DEATH I mean the mode of dyin isthenia, etc. it means the of ilication which caused death NIECEDENT CAUSES CONDITIONS, if any, above cause (A) static CONDITION last. CANICONDITION SCONTRIB BUT NOT RELATED TO THE TER	g. e.g., (A)IMMED DUE TO DUE D	DIATE CAUSE ON OR AS A CON	Prevatural SEQUENCE OF:	5	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
CERTIFICATION	DISEASE OR CO	DPERATION 198 CONDITION WAS PERFORM). N FOR WHICH OPERATION	ON 20	A-AUTOPSY? (Yes or No	208, IF YES, WERE FI	INDINGS CONSIDERED ISES OF DEATH?
	IOR CONTRIBUT	WAS UNDERLYING OF CAUSE OF nedical examiner	218 PLACE OF INJU home, form, loctory, etc.)	RY le.g., in or obstreet, office bl	out 21 C. WHERE DID	(If In Boltimore	City, give exact location)
MEDICAL	21D-TIME 1 OF INJURY (APPROX.)	Month! (Day) (Year) (Ho	While At	RRED Not While	21 F. HOW DID INJ	URY OCCUR?	1 0
	that (1) (we) 1	hat (I) (this hospital) atte ast saw the deceased ali from the causes stated al	ve an	d nat) view ti	19 and the bady after death.		ian death occurred on the date
	23C.PHYSICIAN NAME ITyp	o'S ANG Y.	R41M	Affending Phys.	Med. Director NATOMY	BOARD OF	MARYLAND
	REMOVAL (Sp.	4-17-72	24C. NAME OF CEMETER		INIVER SITT	YMEDICAT	, town, or county) (Stote)
N	AY 4 - 1	172 Robert E 30	BEL ALA ()	25	C. FUNERAL DIRECTOR	SERVICE	RCHD ADDRESS



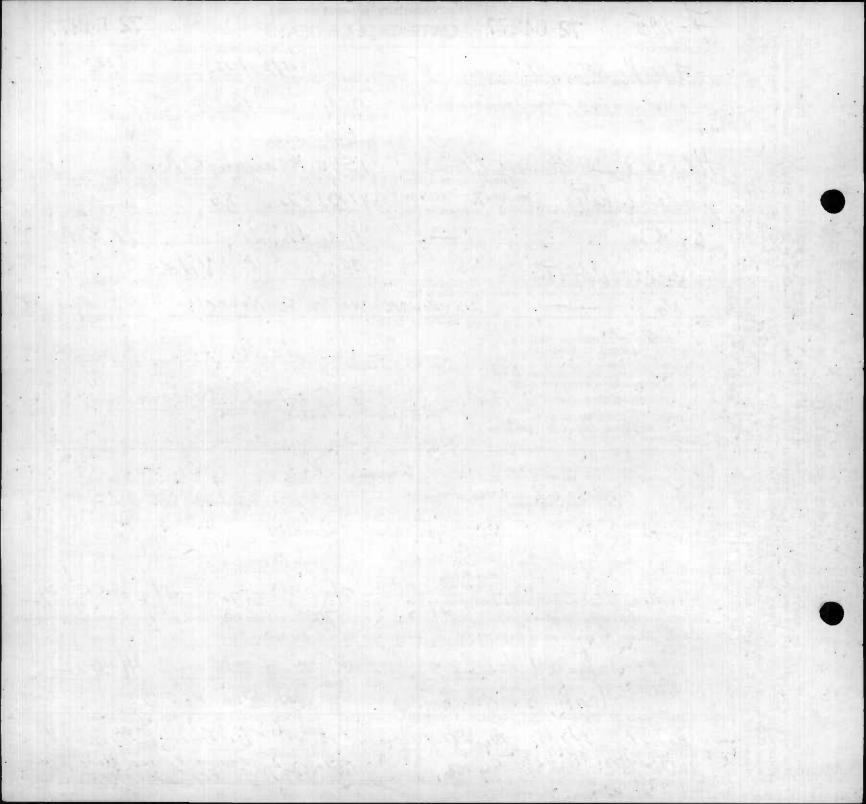
IMPORTANI DIRECTOR: FUNERAL

BALTIMORE CITY HEALTH DEPARTMENT REG. NO. CERTIFICATE OF DEATH of death Undetermined cause; (5) Deceased I NAME OF DECEASED 2. DATE AND HOUR OF DEATH 3. PLACE IN BALTIMORE, MARYLAND USUAL RESIDENCE (Where deceased lived, If institution: residence before WHERE PRONOUNCED DEAD ance A. STATE B. COUNTY cause FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) D. INSIDE CHY LIMITS? OR TOWN STREET AND NUMBER contributing regular 9. AGE (In years MARRIED NEVER MARRIED lost birthdoy) WIDOWED kind of work 10B, KIND OF BUSINESS OR INDUSTRY L'ACE (State or foreign country) disposition most of working life, even if retired) MOTHER'S MAIDEN NAME 13. FATHER'S NAME the 15. Was Deceosed Ever in U. S. Armed Forces? (Yes, no grunknown) (If yes, give wor or dotes of service) eath O 6. SOCIAL final SECURITY NO. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not meon the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF heart failure, asthenio, etc. It means the disease, חמר injury or complication which coused death,) ANTECEDENT CAUSES are DUE TO, OR AS DISEASES OR CONDITIONS, if any, giving la the above cause (A) stoting the the remains UNDERLYING CONDITION last. Mas OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) CERTIFIC 20 A. AUTOPSY? (YAs or No) 198. CONDITION FOR WHICH OPERATION 19A. DATE OF OPERATION WAS PERFORMED before 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, farm, factory, street, office bldg., INJURY OCCUR? 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF hospital °Z MEDICAL DEATH (notify medical examiner) obtained 21 D. TIME (Month) (Doy) (Year) (Hour) 21 F. HOW DID INJURY OCCUR? 21 E. INJURY OCCURRED 9 OF INJURY While At Not While (APPROX.) Work At Work and 22. I certify that (I) (this haspital) attended the deceased from 19 70 pe that (1) (we) last sow the deceased alive on, hospital ond hour and from the couses stoted above. (1) (We) (did) (dld not) view the body after deoth. 23A. SIGN AT URE Attending [0 Director L Phys. written approval 23C. PHYSICIAN'S 23D. ADDRESS prior NAME (Type) 24A. BURIAL CREMATION. 24D. LOCATION deceased 0.0 REMOVAL (Specify) Moreland Memorial Was 25C. FUNERAL DIRECTOR 25A. DATE REC'D BY VS 150-REV. 1/1/68

If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours 12, CITIZEN OF WHAT COUNTRY? ADDRESS NorFOIK 1413 Jackso APPROXIMATE INTERVAL RETWEEN ONSET AND DEATH 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If In Boltimore City, give exact location) ond that in (my) (our) opinion death accurred on the date 23 B. DATE SIGNED

YES X

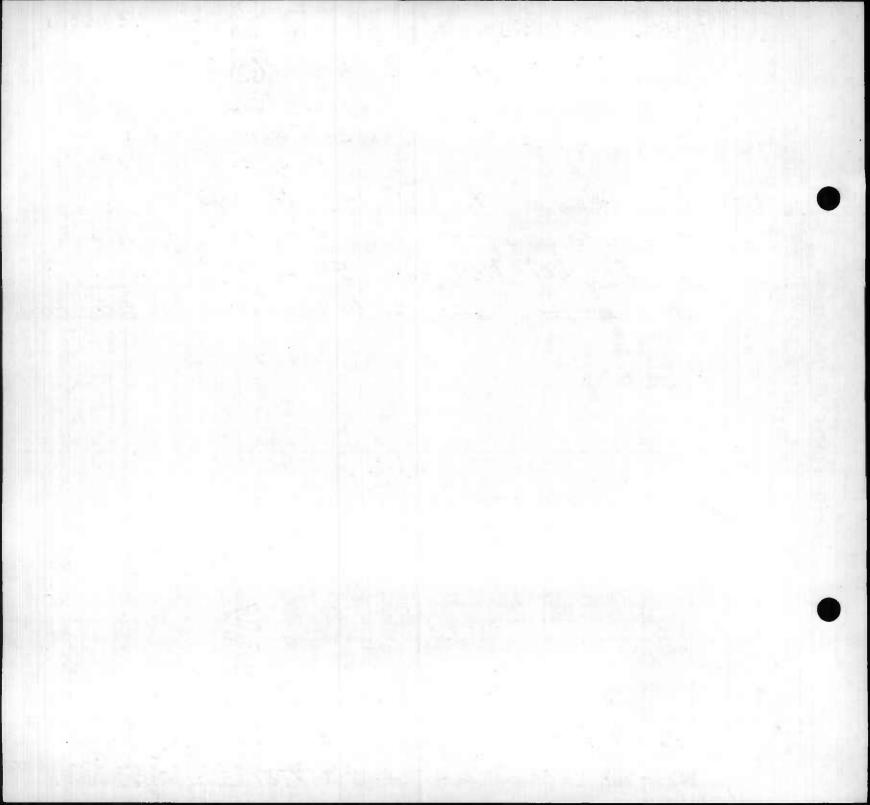
NO



FUNERAL DIRECTOR: IMPORTANT

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

0	BALTIMORE CITY	HEALTH DEPARTMENT		70 04070
BIRTH NO. 72 04278	CERTIFICA	TE OF DEATH	REG. NO	72 04278
1. NAME OF DECEASED Elizabet	6 W. Ro	ach 170	HOUR OF DEATH	72 4:30 A.M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (Where A. STATE B. COUNT	deceased lived. If in	stitution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR INST)? HOSPITAL OR ADDRESS OR LQCATIGN)	UTION, GIVE STREET	C. CITY OR TOWN		2401
INSTITUTION 1126 E. Fact 1	ave	B2/Timor	- e	VES NO .
00		E. STREET AND NUMBER	E. ForT	Avenue
5. SEX 6. RACE 7. MARRIED WIDOWED			AGE (In years ost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	n country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	à	Maryla	rnd	U.S.A.
13. FATHER'S NAME	1	14. MOTHER'S MAIDEN NAM	1E	
5/ephen N	CUMBNN 16. SOCIAL	E1133601	h Dran	SW BI 9
15. Was Deceased Ever in U. X. Armed Forces? (Yes, no or unknown) yes, give wor or dotes of service)	SECURITY NO.	Mr. Francis k	Pasch 112	I E ENT PURE
18.///	CAUSE OF DEATH		00011 112	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OF CONDITION DIRECTLY LEADING TO DEATH		0.4.0	1	5 11 7
(This does not mean the mode of dying, e.g.		SE WYD W = 17		J. Mrs
heort failure, asthenia, etc. It meons the diseose injury ar camplication which caused death.)				
ANTECEDENT CAUSES	(B)		000000000000000000000000000000000000000	
DISEASES OR CONDITIONS, if ony, giving rise to the above couse (A) stating the UNDERLYING CONDITION lost.	DUE TO, OR AS	A CONSEQUENCE OF:		
	1.1110	Inter Dead		Wass
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	Deal	elle	•••••	11/1
19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED	WHICH OPERATION	20A. AUTOPSY? (Yes or No)	208. IF YES, WERE I	FINDINGS CONSIDERED USES OF DEATH?
U 21 A. ACCIDENT WAS UNDERLYING 21	me, form, foctory, street, of	n or obout 21C. WHERE DID fice bldg., INJURY OCCUR?	(If in Boltimore	e City, give exact location)
21D. TIME Month Doy Year (Hour) 21	E. INJURY OCCURRED	21 F. HOW DID INJU	JRY OCCUR?	
≥ LA DEBOOY)	hile At Not While		10	
22. I certify that (!) (this hospital) attended	11/20	Ly is	969 10	5/2 1972
that (I) (we) lost saw the deceased alive on	0 1		of in (my) (our) opi	nion death occurred on the date
ond hour ond from the couses stoted obove.	(l) (We) (ndFaF) (did not) v	iew the body ofter death.		23B, DATE SIGNED
C. Edward L.	ach M.A. Atte		Stoff Phys.	5/4/72
23C. PHYSICIAN'S NAME (Type)	A NO ER ME	23D. ADDRESS & EA	Als/	
24A. BURIAL CREMATION, 24B. DAJE 24C.N	DEGREE	MATORY 124D. KG	CATION (Ci	ity, town, or county) (State)
Buria 5/5/72 H		Cemetery Ba	1Timore	/ /
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME	OF REGISTRAR	25C. FUNERAL DIRECTOR	STEVENS	Funeral Home Inc
MAY 4 - 1972 Page 223018	entres!	Charles L	East F	ort Prenue



1972

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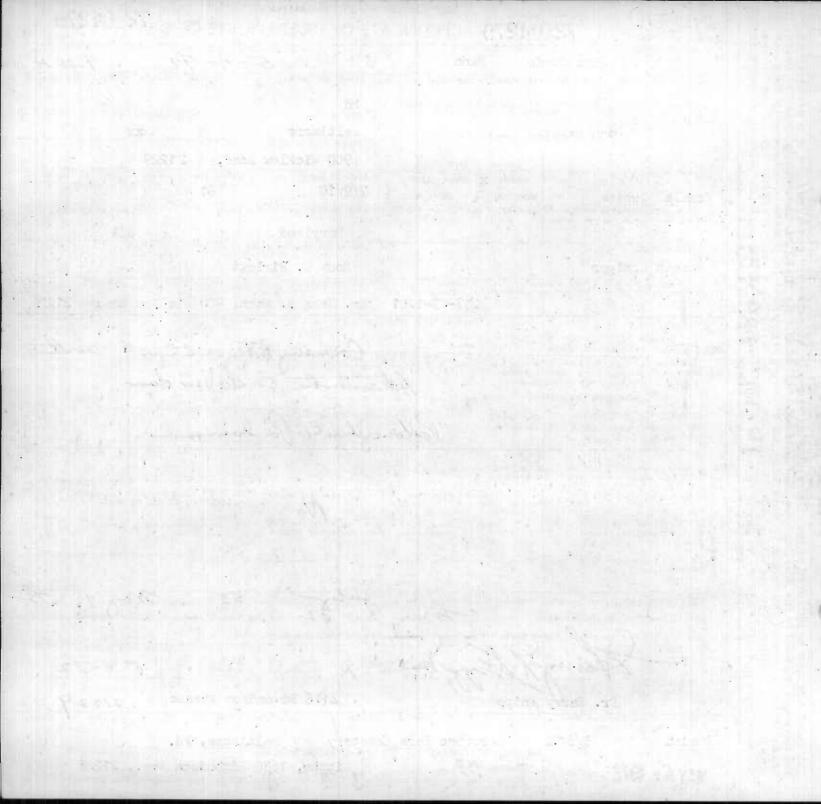
prior to death.

attendance on the

a hospital and

MIND			BALTIMORE CITY	HEALTH DEPARTMENT		72 04279
111-500	72 0	1279	CERTIFICA	TE OF DEATH	REG. NO	16 04513
BIRTH NO. I.NAME OF DECEASI Typo or Print)			ann	2. DATE	AND HOUR OF DEATH	9:00 A.
3. PLACE IN BALTIMO	ORE, MARYLAND, WHER	E PRONOUN	ICED DEAD		Where doceosed lived, If i	nstitution; residence before admission
FULL NAME OF	(IF NOT IN HOSPITAL (ADDRESS OR LOCATIO	OR INSTITUT	ION. GIVE STREET	Md c. CITY OR TOWN		SIDE CITY LIMITS?
NSTITUTION	900 Wicklow	Road		Baltimore		YES NO .
00				900 Wicklo		1229
		AARRIED X	NEVER MARRIED DIVORCED	8. DATE OF BIRTH 7/9/10	9. AGE (In yoors lost birthday)	If Under 1 Yr. If Under 24 H Months Doys Hours Min.
OA. USUAL OCCUPA one during most of worki		KIND OF	USINESS OR INDUSTRY	Maryland	foreign country)	USA
3. FATHER'S NAME				14. MOTHER'S MAIDEN	NAME	
Joseph Arr	niger			Rosa S. Bi	rkett	
	r in U. S. Armed Forces? yos, give wer or detes of	somica) 1	6. SOCIAL	17. INFORMANT		ADDRESS
es, no or unknown; (If	yos, give werer detect of		217-03-1201	Mr. Jess H.	Mann, 900 Wid	klow Road 21229
(This does not heart foilure, ostiniury or complice ANT DISEASES OR rise to the counderlying Counter Signification of the Disease or Conit Dis	NI CONDITIONS CONTR UT NOT RELATED TO THE TI DITION GIVEN IN PART 1 ERATION 198. CONDITI WAS PERFORM WAS UNDERLYING G CAUSE OF	giving ling lhe BBUTING ERMINAL (A). ON FOR WIMED	(B) DUE TO, OR AS (C) OZY ON HICH OPERATION LACE OF INJURY (e.g.,	A CONSEQUENCE OF: A CONSEQUENCE OF: Sphalitic 20A. AUTOPEY/IYes of in or obout 21 C, WHERE DII ffice bidg., INJURY OCCUR	IN CERTIFYING C	FINDINGS CONSIDERED AUSES OF DEATH?
OF INJURY (APPROX.)		While Work	At Not Whi At Work			
that (1) (we) ta s	t (1) (this hospital) at it saw the deceased a om the couses stated	live an	(Me) (did) (did	view the bady after deo		238, DATE SIGNED 5-4-72
24A. BURIAL CREMA	Dr. Harry K		DEGREE		ondson Avenue	2/229 City, town, or county) (State
REMOVAL (Spec	5/6/72		raine Park C		Baltimore, Md.	
SA. DATE REC'D BY		NAME OF	REGISTRAR	25C. FUNERAL DIREC		ADDRESS
MAY 4 - 19	72 Robert E.		M.D.		30 Edmondson	

Witzke,



IMPORTANT FUNERAL DIRECTOR:

examiner

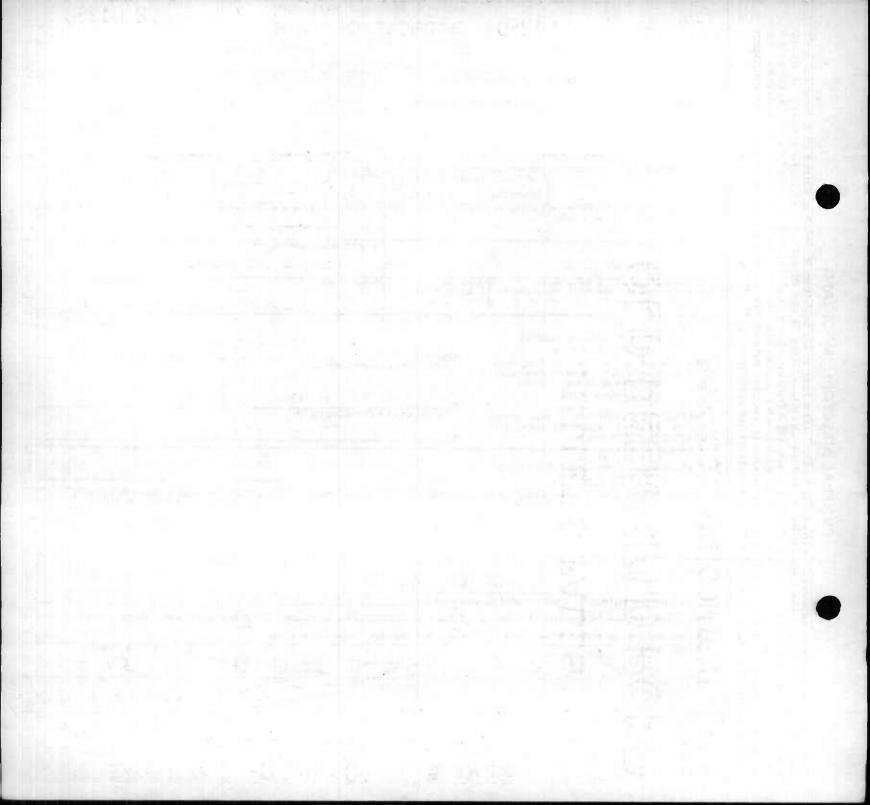
the

and

occurred

death

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH -049 Such Deceased of death BIRTH NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 0 28 12 hospital death. USUAL RESIDENCE (Where deceased lived, Il institution; tesidence before admission) 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD ance B. COUNTY (2) Maryland cause FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C. CITY OR TOWN D. INSIDE CITY LIMITS? cause; attend 0 Baltimore YES XX NO prior E. STREET AND NUMBER contributing 130 Aisquith Street (4) Undetermined in regular mad 5. SEX 9. AGE (In years If Under 1 Yr. Months! Doys 6. RACE Il Under 24 His. 7. MARRIED NEVER MARRIED deceased Hours lost birthdoy) 2 WIDOWED DIVORCED 2 IOA, USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12, CITIZEN OF WHAT COUNTRY? disposition done during most of working life, even if refired) Mas the 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME Jacqueline Murphy John Taylor eath DO T 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown! [If yes, give war or dates of service! 7. INFORMANT ADDRESS & SOCIAL or final SECURITY NO. attendance 0 CAUSE OF DEATH APPROXIMATE INTERVAL any pronounced DISEASE OR CONDITION DIRECTLY embalmed fracture of UV LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: heart failure, aethenia, etc. It means the disease, Injury or complication which caused death.) regular ANTECEDENT CAUSES who Gre DUE TO, OR AS A CONSEQUENCE OF: DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the 8 physician the remains UNDERLYING CONDITION last chief medical Was burns; CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING No physician TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). any nature; (2) Body 20A-AUTOPSYT (Yes of No) 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO 198 CONDITION FOR WHICH OPERATION WAS PERFORMED 19A. DATE OF OPERATION the 0 Yes before 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, farm, factory, street, office bldg., INJURY OCCURY etc.) (If In Boltimore City, give exact location) OR CONTRIBUTING CAUSE OF where to the hospital MEDICAL DEATH (notify medical examined approved by obtained OF INJURY (Month) (Doy) (Year) (Hous) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 9 Not While (except While At (APPROXI Al Work pup 4/2 4/28 22, I certify that (1) (this hospital) attended the deceased from and that In(my) (our) opinion death occurred on the date that (1) (we) lost saw the deceased alive on. 0 hospital death) and hour and from the causes stated above. ((1) (We) (did) (did not) view the body after death. the body was released must An accident 238, DATE SIGNED 23A. SIGNATURE Attending prior to Director approval Phys. Phys. DEGREE 0 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS to Alan R. Green M. Decree was D.O.A. 24A. BURIAL CREMATION, 24D. LOCATION (Stote) 248. DATE CEMETERY OF CREMATORY (City, town, or county) eceased REMOVAL (Specify) written shows: REC'D BY HEALTH DEPT. 258 NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS D VS 150-REV. 1/1/68



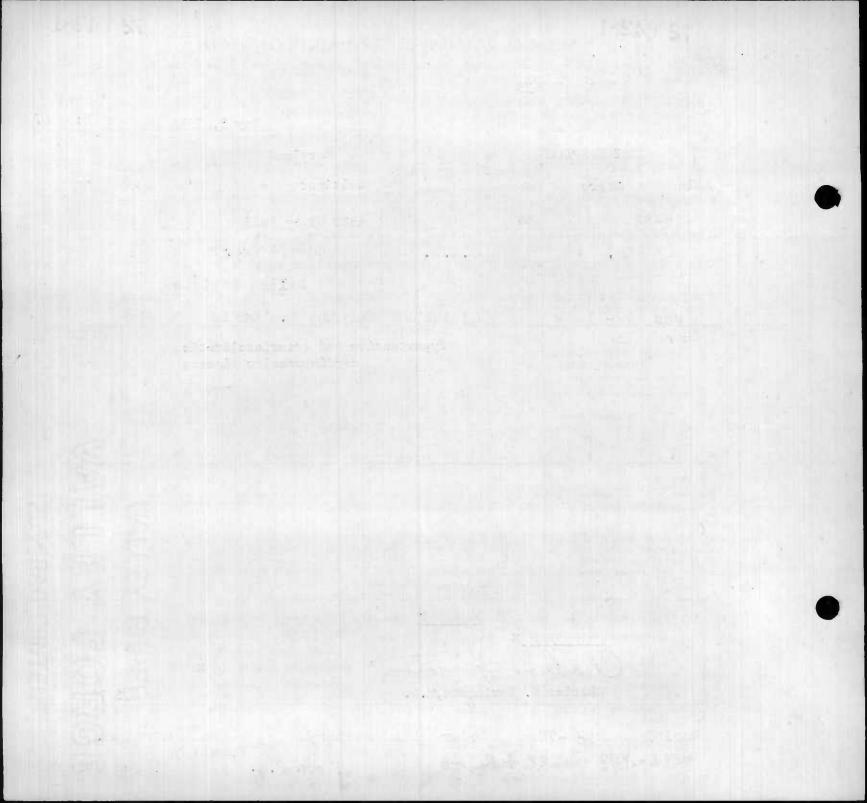
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BALTIMORE CITY HEALTH DEPARTMENT

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MEDICAL	EXAMINER'S	CERTIFICA	TE	OF	DEATH

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1.	NAME OF DEC						2. DATE	Knov	wn 🗌	Month	Doy	Yeor	Hour	
(IVI	pe or Print)	EDWAR	D GOU	GIS			OF DEATH	Estir	moted [M.
ll .	PLACE IN BALT	IMORE, MA	RYLAND, W	HERE PR	ONO	UNCED DEAD	3. DATE			Month	Doy	Yeor	Hour	
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION						PRONOL			May 3,	1972	ta	2:5	Μ.	
TO SINAI HOSPITAL						A. STATE	Mary			COUNT		b before oum	ission)	
6.	SEX	7. RACE		8. MARR	IED.	NEVER MARRIED	C. CITY OR	TOWN		7.,	D. INSIDE	CITY LIMITS	?	
M	la le	Negr	0	WIDOW	ED [DIVORCED	Balt:	imor	e			YES 🔼	NO 🗆	
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	3-16-2	2	lost birthdoy	"50 l	MONTE	ns Doys Hours Min.	6920	Dio	by R	oad				
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		La.			W	HAT SOUNTRY?		Edw	ard	Gougi	S			
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don	e during most of w	orking life, ev	en irretired)					I	ill	an Bat:	iste			
16.	WAS DECEASE	D EVER IN	U.S. ARMED	FORCES	?	17. SOCIAL	IB. INFORA					ADDRESS		
(1 e	s, no or unknown) Ves	1.2-7	or or dates of	or service)	'	435148322	Dorot	hy	0.	Gougis		same		
	19. 4/19	- 7				CAUSE OF DEA		<u> </u>					APPROXIMATE	
	DISEASE	E OR COND	ITION DIDE	TIV		Hyperten	sive ar	nd an	rter	iosclero	tic	DE	WEEN ONSET	AND DEATH
		LEADING TO		-ILT		(A)IMMEDIATE C	card	liova	ascu	lar dise	ase			
	(This does no	ot meon the	mode of dy	ing, e.g.,			AS A CONSEQ							~~~~~~
	injury or com	osthenio, etc. plicotion which	th coused dea	ith.)										
		NTECEDENT		GIVING		(B)	AS A CONSEC	DUENCE	OF:					
	RISE TO THE	ABOVE CAL	USE (A) STAT	ING THE										
Z	UNDERLYIN	IG CONDIII	ON LAST.			(C)								
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		CONDITION			FOR V	WHICH OPERATION W	AS PERFORM	FD				21 AUI	TOPSY? (Yes	or No
핑						WHICH OF EXPLICIT W	AS TERTORM					11. 401	no	,
A-	22A. EXTERI	NAL CAUSE	WAS		22B. P	LACE OF INJURY(e.g.,	in or about 2	2C WH	IERE DI	D. (If in Boltimor	e City aive	exact location		
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Σ			oy) (Yeor) (Hour	22	E.INJURY OCCURRED	2	2F. HO	WDID	INJURY OCCU	JR?			
	(APPROX.)				m. W	ORK NOT	WHILE ORK							
	23.						_							
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	result	ed fram: N	atural cau	ses 🔀	Ac	cident Suicid		micide		Undetermin		r 🗌		
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	ACTUAL SIGNATU	IDE (early	J.	0	pringaleno					X		DATE SIC	PINED
	EXAMINE	ED:C	1	0 0	1.		ASSO	CIATE	MEDICA	L EXAMINER			100	
	NAME (T	, , ,		S. S		ngate,M.D.						5/3	/72	
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25	A. DATE REC'D	4000	0		-	OF REGISTRAR	25C. I	UNEKA	AL DIKE	ctory.Ba		ADDRESS		
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BALTIMORE CITY HEALTH DEPARTMENT

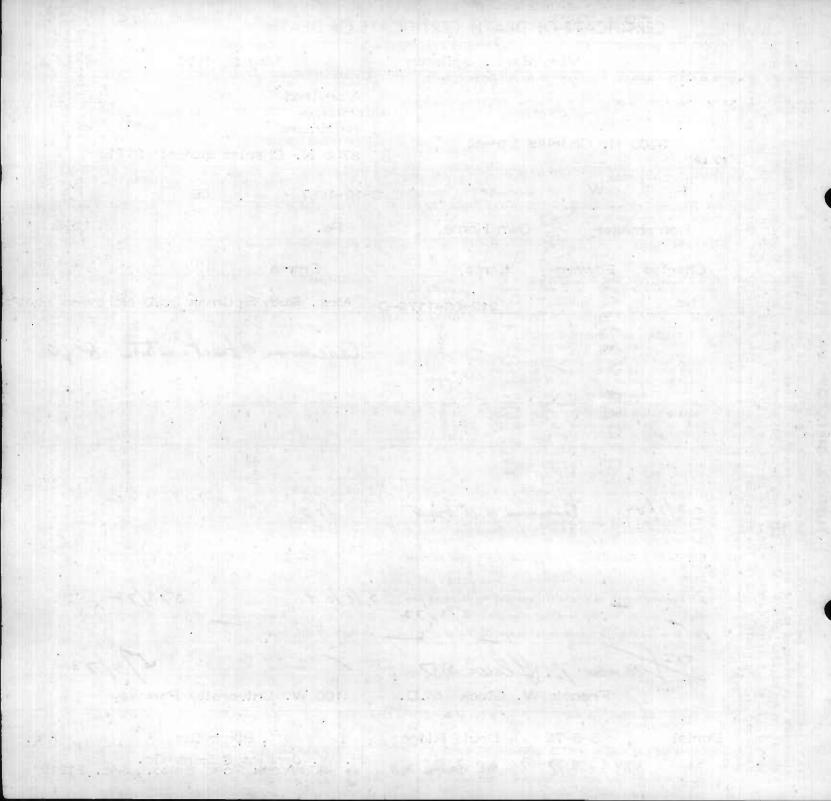
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1.NA	ME OF DEC					2. DATE AND	HOUR OF DEATH		
tippe	: 01 (1111)	Virg	inia L	. Spilman			3, 1972		3:30 A
		IMORE MARYLAND, W			A. STATE Maryla	B. COUNT	deceased lived. II i	nstitution: reside	ence before odmis
HOS	L NAME OF	ADDRESS OR LOCA	AL OR INSTITATION)	TUTION, GIVE STREET	C. CITY OR TOWN	N	D. INS	SIDE CITY LIMIT	
0	0 370	00 N. Charl	es Str	eet	E. STREET AND	NUMBER	rles Stree	YES []	8
S. SE	Y	6. RACE	17. 44.4 55.55		8. DATE OF BIRTH		AGE (In years		
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	during most of v	JPATION (Give kind of worl vorking lile, even if retired) maken		F BUSINESS OR INDUSTRY Home	Pa.	State or foreig	n country)	12. CITIZEN	USA
13. F/	ATHER'S NAM		OVVII	TIOTTIE	14. MOTHER'S M	AIDEN NAM	E		
			3						
	Charles	Edward Ever in U. S. Armed For		MS 11.6. SOCIAL	17. INFORMANT	mma			DRESS
Yes,	no or unknown)	(Il yes, give wor or dote	s of service)	SECURITY NO.					
	No		2	12-03-1179-	Mrs.	Ruth S	Spilman 2	620 Nor	rthern Pl
- 1	hearl failure, injury or com	LEADING TO DEATH of meon the made of asthenia, etc. It means plication which caused ANTECEDENT CAUSES	the disease death.)		A CONSEQUENCE	uma g	1 breast &	ng/aolang	Eyrs
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25B. NAME OF REGISTRAR
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Pikesville FUNERAL DIRECTOR W. Jenkins & Sons Co. 4905 York Road Balto.,

VS 150-REV. 1/1/68

Md. 21212



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a hospital (except where the physician	death	ral must be obtained before the remains are embalmed or final disposition is made.	
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BALTIMORE CITY HEALTH DEPARTMENT 72 64283 REG. NO. CERTIFICATE OF DEATH BIRTH NO. 2. DATE AND HOUR OF DEATH I. NAME OF DECEASED (Type or Print) May 2, 1972 Lawrence F. Gutting 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before odmission)
A. STATE
B. COUNTY 3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD Maryland (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET FULL NAME OF ADDRESS OR LOCATION C. CITY OR TOWN D. INSIDE CITY LIMITS? INSTITUTION YES* NO Baltimore 4307 Marble Hall Road E. STREET AND NUMBER Apt. 126 4307 Marble Hall Road 21212 9. AGE (In years If Under 1 Yr. Months: Doys 7- MARRIED NEVER MARRIED B. DATE OF BIRTH II Under 24 Hrs. Hours Min. Hours lost birthdoy M 10-23-1894 WIDOWED DIVORCED 10A USUAL OCCUPATION (Give kind of work) 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Fuel Oil & Burner Nebraska USA Manager 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Caroline Dauenhauer Louis Gutting ADDRESS 15. Was Deceased Ever in U. S. Armed Forces? 6. SOCIAL 17. INFORMANT (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. No 212-09-0107 Mrs. Helen C. Guttino Same APPROXIMATE INTERVAL CAUSE OF DEATH BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Cirrhosis of liver LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF hearl foilure, asthenia, etc. Il means the disease, injury or complication which coused death.) ANTECEDENT CAUSES DUE TO, OR AS A CONSEQUENCE OF DISEASES OR CONDITIONS, if ony, giving to the obove couse (A) stoling the UNDERLYING CONDITION lost, ATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING Arteriosclerotic heart disease 6 months TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 20A. AUTOPSY? (Yes or No) 198. CONDITION FOR WHICH OPERATION 19A. DATE OF OPERATION CERTIFI WAS PERFORMED No 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? OR CONTRIBUTING CAUSE OF (If in Boltimore City, give exoct location) DEATH (notify medical examinet) MEDI 21 D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY Not While While At (APPROX.) At Work Work 22, I certify that (1) (Mis Hospital) attended the deceased from January 1972 that (1) No last saw the deceased alive an 29 April 19.72 ...and that in(my) (\$556) aplnian death accurred an the date and haur and fram the causes stated above. (1) W. (did) Kar Kor View the bady after death. 23A, SIGNATURE 238 DATE SIGNED

more than 1 yr Attending Med. Shaff Phys. Director L 23 C. PHYSICIAN'S 23D. ADDRESS NAME (Type) Conrad Acton M. D. E. Read Street 21202 OEGREE 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (Stote) (City, lown, or county) REMOVAL (Specify) 5-5-1972 Parkwood Parkville, Md. 25A, DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS & Sons Co. Md. 21212 Road Balto. . VS 150-REV. 1/1/6B

manifeld terror, 1 Holler I STATES TO RESIDENT THROUGH THE STATES and the control of the second of the second

This certificate must be approved by the chief medical examiner or his assistant if deoth occurred in a hospital ond the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A frocture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at o hospital (except where the physicion who pronounced death was in regular attendonce on the deceosed prior to death); and (6) No physician was in regulor ottendonce on the deceosed prior to death. Such written approval must be obtained before the remains are embolmed or finol disposition is made. FUNERAL DIRECTOR: IMPORTANT

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BALTIMORE CI	TY HEALTH DEFARTMEN
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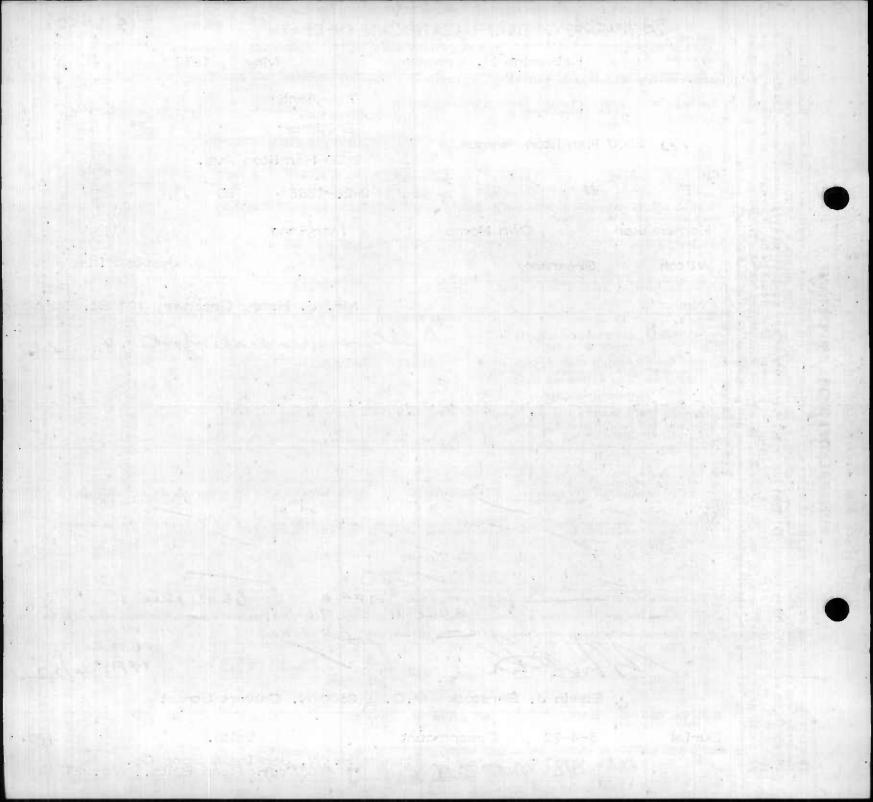
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May 3, 1972	7. A N

BIRTH NO.	2 04284		CERTIFICA	TE OF D	EATH	REG. N	0	2 0428	4
I. NAME OF DE						D HOUR OF D		M	
(Type or Print)	Kath	arine H	. Greenway		Ma	y 3, 19	72	7. A	M.
3. PLACE IN BA FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPI ADDRESS OR LOC	AL OR INSTITU		A. STATE Mary C. CITY OR TOV	B. COUN land VN	TY	. INSIDE CITY L		mission)
00	2600 Hamil	ton Aver	nue	E. STREET AND 2600 H	NUMBER	on Ave.	YES	NO []	
S. SEX	6. RACE	7. MARRIED WIDOWED	NEVER MARRIEĎ*	9-28-18		9. AGE (In year lost birthday) 85	s If Under		24 Hrs. Min.
done during most of Homem		OWN H		Mar	yland		12. СІТІ	USA	DUNTRY?
13. FATHER'S NA Wilton	Green	way		14. MOTHER'S	MAIDEN NAA	ME	Jessie	Hilles	
15. Wos Deceose (Yes, no or unknow	d Ever in U. S. Armed Fo	rces? es of service)	6. SOCIAL SECURITY NO.	17. INFORMANT				ADDRESS RO	
DISEASES rise Ia II UNDERLYIN	not mean the mode of a sthenia, etc. It means mplication which caused ANTECEDENT CAUSES OR CONDITIONS, if the above cause (A) G CONDITION last.	any, giving stating the	(A) IMMEDIATE CAI DUETO, OR AS (B)	A CONSEQUENCE			<i>J</i>		
	CONDITION GIVEN IN PA	RT 1 (A).	HICH OPERATION	20A. AUTOP	Y? (Yes or No	IN CERTIFYIN	WERE FINDINGS G CAUSES OF	CONSIDERED DEATH?	
OR CONTRIB	ENT WAS UNDERLYING	218-1 home etc.)	PLACE OF INJURY (e.g., lorm, loctory, street, o	in or obout 21 C. W iffice bldg., INJUR	HERE DID	(If in B	oltimore City, giv	re exoct location)	
DEATH (notil	(Month) (Doy) (Yeor)	(Hour) 21 E. While Work		le 🗀	CM DID WO	URY OCCUR?			
that (I) (we	AN'S Type	ed alive on	(Wa) (did not) DEGREE Phy	view the body of t	ded.	Shaff Phys.	opinion ded	oth occurred on TE SIGNED	71, the date
24A. BURIAL CR	Edwin	J. Bers	Stock M.D. DEGREE ME of CEMETERY of CR			OCATION	(City, town,	or county)	(Stote)
Burial	5-4-72	2 G	reenmount			Balto.			Md.
25A. DATE REC'	D BY HEALTH DEPT.	25B. NAME OF	REGISTRAR	2SC. FUNER	AL DIRECTOR	ine & C	ions Co	ADDRESS	

VS 150-REV, 1/1/6B

1972 P.R. F.E. Ja Co. 14.

4905? York Road Balto., Md. 21212



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was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

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BALTIMORE CITY HEALTH DEPARTMENT

REG.	NO	72	04	285

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FULL NAME OF	(IF NOT IN HOSPIT.	AL OR IN	STITUTION, GIVE STREET	A. STATE	Md.			28	54
HOSPITAL OR	ADDRESS OR LOCA	(TION)		C. CITY OR TOW			D. INSIDE CIT	TY LIMITS?	
US Pub	lic Health Ser	vice	Hospital		imore		YES	NO []
2 × 310	O Wyman Parkwa	ay.		E. STREET AND		ndson Ave			
S. SEX	Caucasian	7- MARR	NEVER MARRIED DIVORCED	4/26/9		9. AGE (In year last birthday)	ors If U Mon	ths Doys Hours	der 24 His. Min.
IOA. USUAL OCC	UPATION (Give kind of work	10B. KINE	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE	(State or for	eign country)	12.	CITIZEN OF WHAT	COUNTRY?
	Ret. USA	ph	ysician	Md.				USA	
3. FATHER'S NA	John A. Buet	tner		14. MOTHER'S A	arolyn				
5. Was Decease Yes, no or unknown	d Ever in U. S. Armed Forn (If yes, give worger dote USA 18-19	s of servi	1/6	17. INFORMANT		OUC Hoani	1+01 Pc	ADDRESS	
18 // /			CAUSE OF DEATH		- UD 1	dsou cu	coar, De	alto, Md.	INTERVAL
162	/ / I		CAUSE OF DEATH					BETWEEN ONSET	
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OR CONTRIB	ENT WAS UNDERLYING UTING CAUSE OF y medical examiner		21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	n or obout 21 C. W	HERE DID	(If in		give exact location)	
21D. TIME OF INJURY	(Month) (Doy) (Year)	(Hour)	21E. INJURY OCCURRED While At Not While	e —	OW DID IN	JURY OCCUR?	TALL.		
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23 C. PHYSICI NAME (Arth	AN'S Type B. Abt, Sur	geon	DEGREE	23D. ADDRESS	PHS H	ospital,	Balto,	Md.	
	EMATION, 24B. DATE (Specify)		C. NAME of CEMETERY OF CRE	MATORY		LOCATION		vn, or county)	(Stote)
Burial		2	Druid Ridge				le, Bal	Lto.Co.,	
25A. DATE REC'E	MAY 4 - 1972		ME OF REGISTRAR	H.W.J	enkin	s & Sor Balto	s Co.	4905 You	rk Rd

VS 150-REV. 1/1/68

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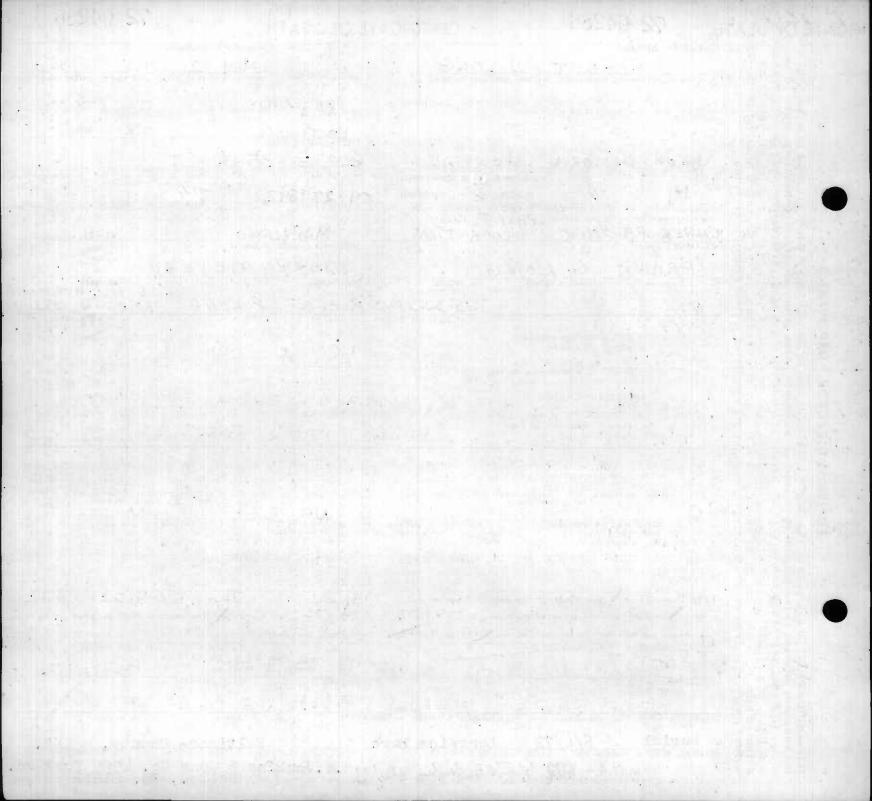
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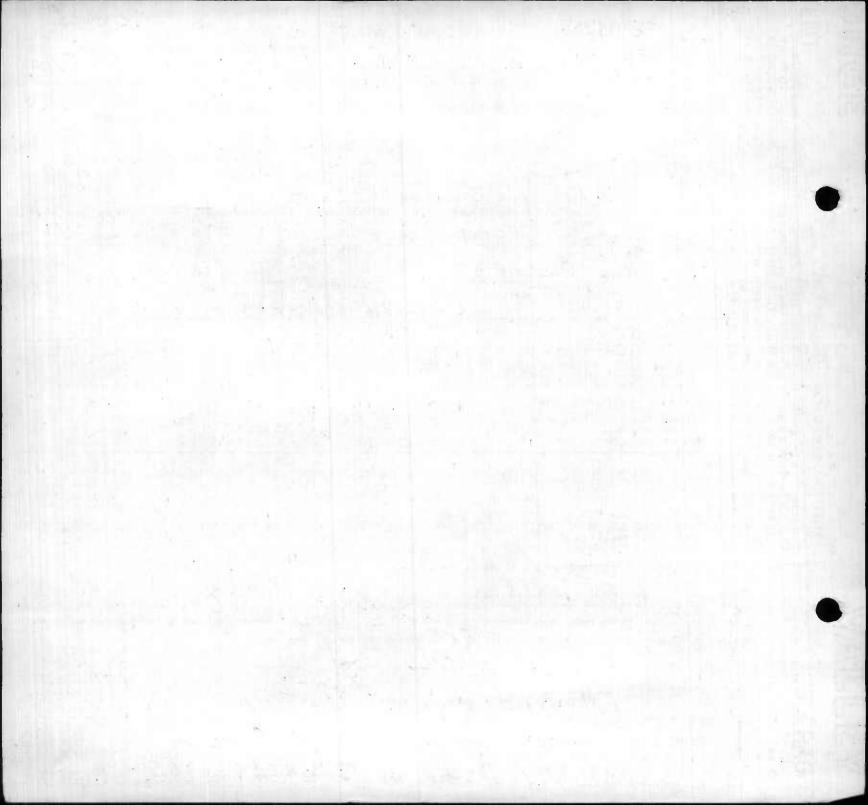
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

VS 150-REV. 1/1/68

PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD JULL NAME OF OSPITAL OR INSTITUTION, GIVE STE OSPITAL OR ADDRESS OR LOCATION) JULY ON MEMORIAL HOSPITAL OR INSTITUTION, GIVE STE OSPITAL OR ADDRESS OR LOCATION) SEX 6. RACE 7. MARRIED NEVER MARI WIDOWED DIVOR A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR III ne during most of working life, even if retired) WIER-PARTNER DEGORATINE	C. CITY OR TOWN BRITIMARE E. STREET AND NUMBER 622 E 35 Th ST. ARRIED B. DATE OF BIRTH P. AGE (In years If Under 1 Yr. If Under 24 Months; Days Hours Months; Days Hou
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A. USUAL OCCUPATION (Give kind of work 10 B, KIND OF BUSINESS OR II ne during most of working life, even if retired)	DRCED 109-27-1892 79
ne during most of working life, even if retired) PAINTING	INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COU
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FATHER'S NAME	14. MOTHER'S MAIDEN NAME
FRANK G. LONG	MARY MEYERS
. Was Deceased Ever in U. S. Armed Forces? 116. SOCIAL	17. INFORMANT ADDRESS
os, no or unknown) (If yes, give wor or dotos of sorvico) SECURITY N	NO. L.J. G. DEBAUGH
NO 215-32-	-2840 ROBERT F. LONG TOWSON 210
	OF DEATH
DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND E
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	200-00-00-00-00-00-00-00-00-00-00-00-00-
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injury or complication which caused death.)	
ANTECEDENT CAUSES	NEC DESCRIPTIONS
(B)	WERRO ESCIEROSIS
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rise to the above couse (A) stating the UNDERLYING CONDITION lost.	AUSERTENSION DSWD.
· · · · · · · · · · · · · · · · · · ·)
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
[DISEASE OR CONDITION GIVEN IN PART 1 (A).	***************************************
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	TION 20 A. AUTOPSY? (Yos of No.) 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
O	A SO
218. PLACE OF INJU	JURY (e.g., in or about 21 C. WHERE DID (If in Baltimore City, give exact location)
OR CONTRIBUTING CAUSE OF homo, form, foctory,	y, stroot, offico bldg., INJURY OCCUR?
	CURRED 21F. HOW DID INJURY OCCUR?
21D. TIME (Month) (Doy) (Your) (Hour) 21E. INJURY OCCU	
While At	Not While
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While At	At Work
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(APPROX.) 22. I certify that (N) (this haspital) attended the deceased from that (N) (we) last saw the deceased alive an	from 04 24 19 72 to 05 02 19 7 02 19 72 and that in(my) (aur) opinion death accurred an the
(APPROX.) White At Work 22. I certify that (N (this haspItal) attended the deceased free that (N (we) last saw the deceased alive an Solution (We) (did) (fram 04 20 19 72 to 05 02 19 7 02 19 7 2 and that in (my) (aur) opinion death accurred an the (did not) view the bady after death.
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		BALTIMORE CITY	HEALTH DEPARTMENT		72 04287
	BIRTH NO. 72 04287	CERTIFICA	TE OF DEATH	REG. NO.	12 01201
	(Type or Print)	1 Xili	A 1 4	D HOUR OF DEATH	345 Am
	3. PLACE IN BALTIMORE MARYLAND, WHERE PRONG FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION) MATTERIAL OR MARYLAND, WHERE PRONG ADDRESS OR LOCATION) MATTERIAL OR MARYLAND, WHERE PRONG	TUTION, GIVE STREET	C. CITY OR TOWN	D. INSID	itution: residence before odmission) E CITY LIMITS?
	Tong freen van en		E. STREET AND NUMBER	reithews	Drive21234
s mad	79 WIDOWE	DIVORCED [3 24/83	89	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
osifion	10A. USUAL OCCUPATION (Give kind of work 10B. KIND of done during most of working life, even if retired) SALES MAN 13. FATHER'S NAME	HOES	11. BERTHPLACE Sole or force 14. MOTHER'S MAIDEN NA		12. CITIZED OF WHAT COUNTRY?
dispo	PATRICK GILCHRO		14. MOTHER 3 MAIDEN NA.	FINNE	RTY
tenal d	15. Wos Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service)	1 6. SOCIAL	17. INFORMANT 5 BERNAR		ADDRESS (SAME)
emains are embalmed or	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does nal mean the made of dying, e.g heart failure, asthenia, etc. It means the diseast injury or camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.	(B) DUE TO, OR AS	ema Wol	Chroscle Colenose la Dise	RETWEEN ONSET AND DEATH
the	DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 198. CONDITION FOR WAS PERFORMED		20A. AUTOPSY? (Yes or N	20B. IF YES, WERE FILL IN CERTIFYING CAU	NDINGS CONSIDERED SES OF DEATH?
betore	OR CONTRIBUTING CAUSE-OF ho	B. PLACE OF INJURY (e.g., in me, form, foctory, street, off	or obout 21 C. WHERE DID	(If In Boltimore	City, give exoct location
ained	E OF INJURY	E. INJURY OCCURRED While At Not While At Work	21F. HOW DID IN	JURY OCCUR!) - 2-
must be obt	22. I certify that (I) this hospital) attended that (I) (we) last saw the deceased alive an and haur and from the causes sated above. 23A. SIGNATURE	(I) (We) (did) (did nat) vi	19 7 2 and the lew the bady after death. Med. Director		an death accurred an the date
approval	23C. PHYSICIAN'S NAME (Type) F.T. KAS	K JRMD DEGREE	9005 H	ARFORD A	Y Brknile 34.
	REMOVAL (Specify)	Name of Cemetery of Cre New Cathedral		Baltimore	, town, or county) (Stote) Md .
Written		OF REGISTRAR	25C. FUNERAL DIRECTOL	ins & Sons (Road Balto	ADDRESS O., Md. 21212



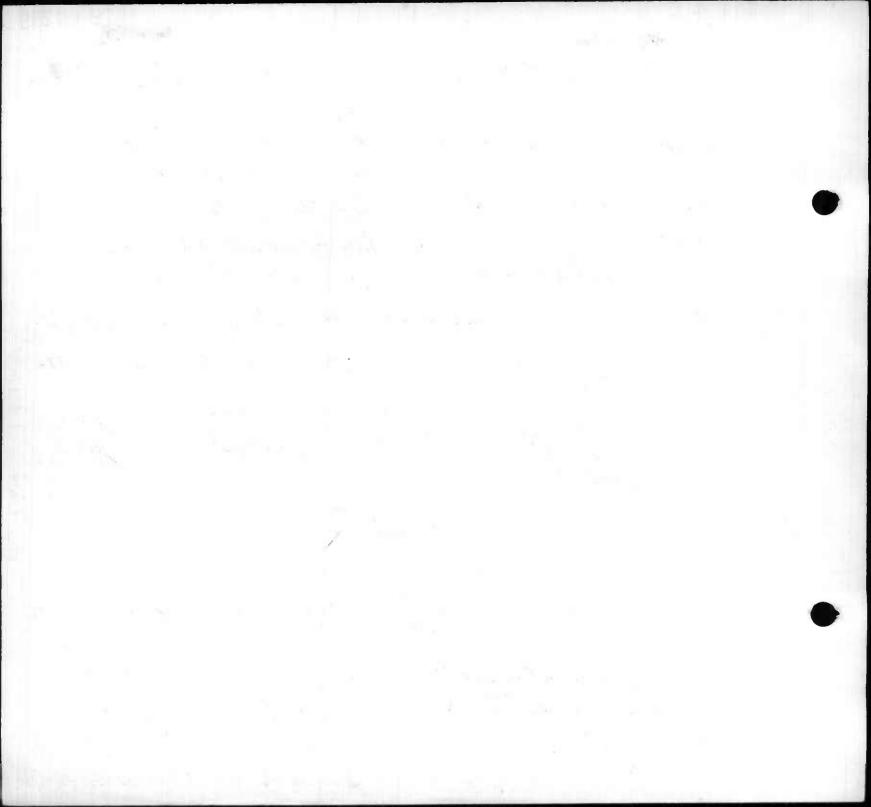
the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

/VI n./A	BALTIMORE CITY HEA	LTH DEPARTMENT		72 04288
72 04288 C	CERTIFICATE	OF DEATH	REG. NO.	72 09200
I.NAME OF DECEASED Typo or Print)	100	2. DATE AN	ID HOUR OF DEATH	
Mackall, Edward AKA	MoCall	April	26, 1972	3:00 a.M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED	DEAD 4. U	TATE B. COUN	re deceased lived. If Inst	itution: residence before admission)
FULL NAME OF HOSMITAL OR INSTITUTION, ADDRESS OR LOCATION)	GIVE STREET	ITY OR TOWN	In this	E CITY LIMITS?
INSTITUTION Providents HOSPA	tal I			YES NO
29 aum linery Heigh		Itimore TREET AND NUMBER		123 10 1
BAHIMOVE, Md.	21215 1	942 Walbrook	Avo	
S. SEX 6. RACE 7. MARRIED NEV	ER MARRIED 8. D	TE OF BIRTH	9. AGE lin years	If Under 1 Ys, Il Under 24 Hisa Months! Doys Hours Min.
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IOA, USUAL OCCUPATION (Give kind of work 108, KIND OF BUSIN		IRTHPLACE State of lose	gh Country)	12 CITIZEN OF WHAT COUNTRY?
Carpenter Wood of working life, even H refired) Wood w.	orker Ma	ryland		11 C A
3. FATHER'S NAME	T.G.	NOTHER'S MAIDEN NA	ME	U.S.A.
Roy Mackell	1	ula 14a	rrisan	
5. Was Decared Ever in U. S. Armed Forces? Yes, no or unknown) (U. yes, give war or dates of service) SE	CIAL CURITY NO.	NFORMANT		ADDRESS
Ye 12-10-43 7-14-46 214	0	c Zolma Macl	11 (Wfo) 1	942 Walbrook Ave.
	AUSE OF DEATH	S. DETMA MAC	dir (MITE)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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(This does not mean the mode of dying, a.g., heart failure, asthenia, etc. It means the disease,	DUE TO, OR AS A CO	SEQUENCE OF:		
injury or complication which coused death.)	1	1	Henry	its of
ANTECEDENT CAUSES	4	TILL	JAN TO	of orange
	(B)			
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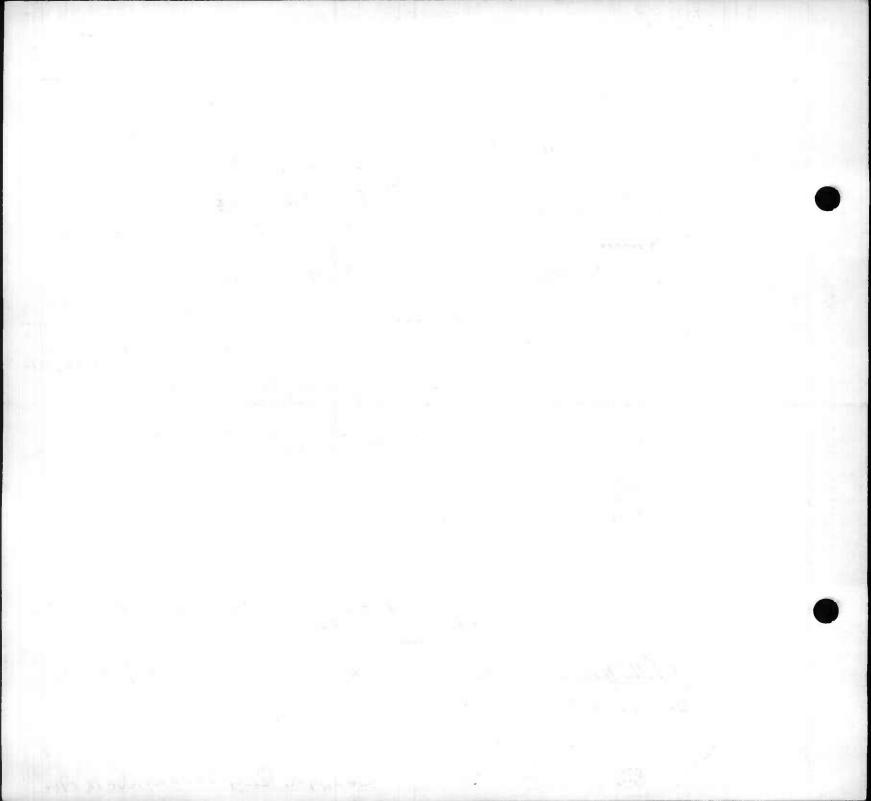
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing couse of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined couse; (5) Deceased was D.O.A. at a hospital (except where the physicion who pronounced death was in regular attendance on the deceased prior to death); and (6) No physicion was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. FUNERAL DIRECTOR: IMPORTANT

	P626 1 1 72 0428	BALTIMORE CITY	HEALTH DEPARTMENT		72 04289
V _B	IRTH NO.	CERTIFICA	TE OF DEATH	REG. NO.	
1.	NAME OF DECEASED			AND HOUR OF DEATH &	
-11"	ype or Print) FURKER ESTEL	Le.	4/-	06/77 07	730
3.	PLACE IN BALTIMORE, MARYLAND, WHERE FRONOUN	CED DEAD	4. USUAL RESIDENCE (W	here deceased lived. If institutio	n: residence before admission)
F	ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)	ON, GIVE STREET	C. CITY OR TOWN		1601
100		thomas	1 1	D. INSIDE CIT	
	Bolton Hill NURSing	HOMIC	E. STREET AND NUMBER	RC TES	NO
			1131 M. CA.	Rey Street	
5,	SEX 6. RACE 7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	19. AGE Ila vente	nder 1 Yr. , If Under 24 His.
	FEMALE BLACK WIDOWED	DIVORCED	3/3/92	lost birthdoy) 70 Mont	hs Doys Hours Min.
10	A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BI	USINESS OR INDUSTRY	11. BIRTHPLACE (Stote or fo	seign country) 12. C	TITIZEN OF WHAT COUNTRY?
-	Domestic		Anna Armada	L Co. md.	71 0 1
13	FATHER'S NAME	/	HAND Hrunde	AME CONTION	1. S. A.
	Loku snowa	M	Jeannille	2-1/	
(Y	. Was Deceased Ever in U. S. Armed Forces? es, no or unknown! (If yes, give wor or dotes of service)	SECURITY NO.	17 INFORMANT	9	ADDRESS
	70	217-14-9214	my Hassind	Sunder 1131.	2 March St
	18./53.81	CAUSE OF DEATH		signature 1/1/1	APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY				BETWEEN ONSET AND DEATH
	LEADING TO DEATH (This does not meen the made of dying, e.g.,	(A) IMMEDIATE CAU	SE CAY Cot	con with retise	anotts
	heart failure, asthenia, etc. It means the disease.	DUE TO, OR AS	CONSEQUENCE OF:		to and covered place in construction and an arrangement
	injury at camplication which coused death.)	- 1			
	ANTECEDENT CAUSES	(B) and	inlute las	History	ser
	DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the	DUE TO, OR AS	A CONSEQUENCE OF:		
	UNDERLYING CONDITION last.	(c) CV (8	well yer	lyed	news
Z	11				
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL				
		CH OFERATION	20A. AUTOPSY? (Yes or N	AND THE VEC. WERE EINDRIGHT	C CONCIDENT
CERTIFIC	WAS PERFORMED		2010/3/1/163 0/ /	10 208. IF YES, WERE FINDING IN CERTIFYING CAUSES O	F DEATH?
11	21 A. A CCIDENT WAS UNDERLYING 21 B. PL. OR CONTRIBUTING CAUSE OF home.	ACE OF INJURY (e.g., in	or obout 21 C. WHERE DID	(If In Boltimore City, g	live exact location)
CAL	DEATH (notify medical examiner)	ionit, locioly, sheet, on	ce blog., INJURY OCCUR!		
EDIC	OF INJURY (Month! (Doyl (Year) (Hour) 21E, IN	JURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
2	(APPROX.I While / Work	At Not While			
	22. I certify that (I) (this hospital) attended the		2-12-0	10 20 11/	
	that (i) (we) lost sow the deceased alive on	4/2-	^	19 22 to 4/2	8 19 /2
		4-1/10-11/10-11-11-11-11-11-11-11-11-11-11-11-11-1	ond t	hot in (my) (our) opinion de	oth occurred on the dote
	and hour ond from the couses stated above. (I) (Y	re) (did) (did not) vi	ew the body ofter deoth.		
	a e Mass	Atten	ding Med.	c. " —	ATE SIGNED
	23C. PHYSICIAN'S	D. C. C. C.	Director L	Phys. S	128/7-
	NAME (Type)	ND	1	100 BRA	en Carrier
24/	A- BURIAL CREMATION, 1248, DATE 124C, NAME	DEGREE OF CREATERY OF CREATERY	rt pead	ST PAGE	6 7,00
	REMOVAL (Specify) 5-2-72 Ant	- lu hum	Comiters 240.	LOCATION (Gity, town,	or countyl (State)
25/	A. DATE REC'D BY HEALTH DEPT, 258, NAME OF R	EGISTRAR	25C. FUNERAL DIRECTO	wagon Calle	Me
	MAY 4 - 1972 P.R. 08 20 7-	2.000	Bank X	Rusy 12221	W Mast & Cue
VS	150-REV. 1/1/68	(4)	1	0-000	. Toward use



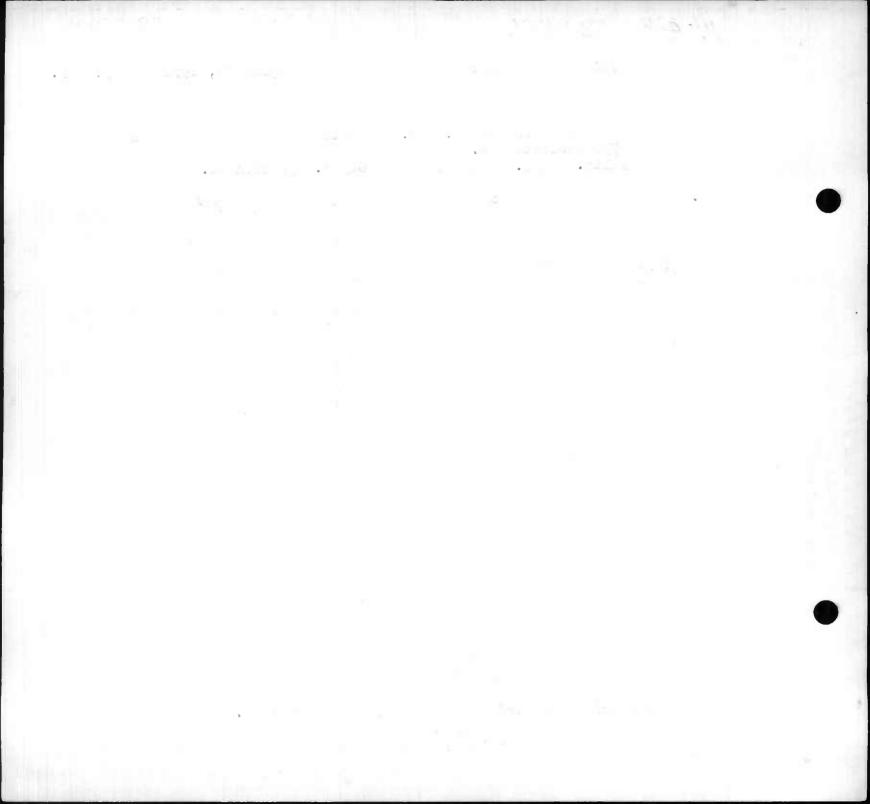
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G-355 72 0	1000	HEALTH DEPARTMENT	REG. NO.	72 04290
BIRTH NO.	CERTIFICA			
(Type or Print) WILB !	ERT GOODMAN	4/	27 / 1972	Doc mal Mr. hat W
3. PLACE IN BALTIMORE, MARYLAND, WI	HERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where	deceased lived. If institu	lian: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OF LOCAL	AL OR INSTITUTION CIVE STREET	Md		2759
INSTITUTION	, A	C. CITY OR TOWN		CITY LIMITS?
Montebello state H	ospilal	E. STREET AND NUMBER	1	s No 🗌
91		1207 E. 432	51	
5. SEX 6. RACE B.	7. MARRIED NEVER MARRIED WIDOWED DIVORCED	6 - 1/- 19/5	AGE (In years If M	Under 1 Yr. II Under 24 His.
10A. USUAL OCCUPATION (Give kind of work) done during most of working life, even if retired)	108 KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	3 4	2. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME IN		North Carolina	c	US A citizen
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		0
Joseph Gardin	On	Mattie	Kan	
15. Was Deceased Ever in U. S. Armed Force (Yes, no or unknown) (If yes, give wor or dates	es? 16. SOCIAL SECURITY NO.	The state of the s	114	ADDRESS
	723-83-140-	James Goodma	m/hirther B.	> recolment ave.
18.431.91	CAUSE OF DEAT	1	7 620	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRE	ECTLY	acute Heart	Asluse	12-12-197
LEADING TO DEATH	dving (A) IMMEDIATE CAU	2F	1:0000	the 4/28/1972
hearl failure, asthenio, etc. It means t	the disease.	A CONSEQUENCE OF:	atoma & B	
ANTECEDENT CAUSES	4- on I.	I lake Contrasion	arama PE	
DISEASES OR CONDITIONS, if an	ny, giving DUE TO, OR AS	A CONSEQUENCE OF:		******
underlying condition last.	stating the part &	vacation of re-	evacuatin of	
	Pneu	morrin .		
OTHER SIGNIFICANT CONDITIONS CONTROL TO THE DEATH BUT NOT RELATED TO THE	ITRIBUTING F TERMINAL	4.		
▼ IDISEASE OR CONDITION GIVEN IN PART	1 (A).	120 A AUTORCYC (Vo No.)	200 40 400	*****
EL LA / L - / L - IWAS PERFO	Tal Subdural hemationa	20A. AUTOPSY? (Yes or No)	OB. IF YES, WERE FIND IN CERTIFYING CAUSES	OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING	218. PLACE OF INJURY (e.g., in	or about 21C. WHERE DID	(If In Bollimore Cit	y, give exoct locotion)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, farm, foctory, street, aft	ice bldg. INJURY OCCUR?		and and the control of
21D. TIME (Month) (Doy) (Year)	(Hour) 21E INJURY OCCURRED	21 F. HOW DID INJUR	Y OCCUR?	
(APPROX)	While At Work Not While At Work			
22. I certify that (I) (this hospital)		- 2 19	79 4- 11 -	28 1072
that (I) (we) last saw the deceased				death accurred an the date
and have and from the causes stated	, ,		(), (aai, apinion	death decoited dit the date
23A. SIGNATURE			238.	DATE SIGNED
To lathe Hanne	M.D DEGREE Phys.	ding Med. Sta	#. -	4/28/1972
23C. PHYSICIAN'S NAME (Type)		3D. ADDRESS		
DANIEL A. HAN	NA > M.D. DEGREE			
REMOVAL (Specify)	24C. NAME OF CEMETERY OF CRE	MATORY 24D. LOCA		wn, or county) (Stote)
Durial 5-3-72	- NH COLVERY	Com Bro	oklyn	may
2	Jaber MD	25C, FUNERAL DIRECTOR		ADDRESS
VS 150-REV. 1/1/68	, week, ris,	Wordship he Re	un 22224	· Nur th Ave



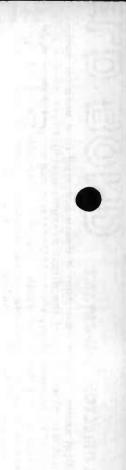
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//	1-600	72 04	204	BALTIMORE CITY	HEALTH DEPA	RTMENT		יייי	04904
BIRT	H NO.	12 09	COL	CERTIFICA	TE OF D	EATH	REG. NO	12	04291
	ME OF DECE					2. DATE AN	ID HOUR OF DEAT	Н	
		Effie		oore			il 26, 19		9:20 P.
3. PI	LACE IN BALT	MORE MARYLAND, V	HERE PRONC	UNCED DEAD	4. USUAL RESID	S. COUN	e docoosed lived, II	institution:	rosidonce belore odmission
FUL	L NAME OF	(IF NOT IN HOSPIT	AL OR INSTIT	TUTION, GIVE STREET	MD				1604
IN ST	TUTION			of Md. Inc.	C. CITY OR TOW	/N	D. 11	ISIDE CITY I	
,	1 /	730 Ashb			E. STREET AND	NIIMBED		YES 🗷	NO
7	6	Balto.	Md.	21216			ton St.		
5. SE	x	6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRT	н	9. AGE iln voors	If Unde	er 1 Yr., Il Under 24 Hrs
	F.	N	WIDOWED	DIVORCED	9-10-	~0'/	lost birthdoyl	Months	Doys Hours Min.
IOA.	USUAL OCCU	PATION (Give kind of world or world or king life, even if retired)	108, KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE	Slote or loro	gn country)	12. CIT	ZEN OF WHAT COUNTR
Jone	doing most of w	orking the, even a renied,			VicTo	RIA	ViRgiN	A 1	U-SA.
13. F.	ATHER'S NAM				14 MOTHER'S A				
	Jose	ph Scott	-		CORN	reille	ARVII	a.l	
5. W	os Deceased	ever in U. S. Armed For	ces?	1 6. SOCIAL	17. INFORMANT	OTTA	MOIN	V	ADDRESS
	or other other	in you, give wor or dore	* 01 \$0171C07	SECURITY NO.	MARG	1001	CARTE	RIT	3N-ApoleTol
1	8. 4/10	91		CAUSE OF DEATH	H /4/11-3	MAG	CHAIC		APPROXIMATE INTERVAL
		OR CONDITION DI	RECTLY		Λ ,	0	^	_	BETWEEN ONSET AND DEAT
		EADING TO DEATH I mean the made of	dulan an	(A) IMMEDIATE CAU		tu	weardia	V	
- 11	neori failure, a	sthenia, etc. li means	the disease.	200,00,00	CONSEQUENCE	OF: PL	Que mar	4	
Ι,		lication which caused NTECEDENT CAUSES	deam.)	onjar	Son	2 10		'	
Ι,		CONDITIONS, If		(B)	A CONSEQUENCE	ma			*****************
F	ise fa the	abave cause (A)	sialing the		A CONSEQUENCE	: OF:			
L	JNDERLYING	CONDITION last.		(c)					
z	THER SIGNIER	II ANT CONDITIONS CO	ALTENDUCTING.						
Ĕ T	O THE DEATH	BUT NOT RELATED TO TI	E TERMINAL	*************************					
	A. DATE OF	PERATION 198 CON	DITION FOR	WHICH OPERATION	20A. AUTOPSY	7 (Yes or No)		FINDINGS	CONSIDERED
ERTIFIC)	WAS PERI					IN CERTIFYING C	AUSES OF	DEATH?
. 10	R CONTRIBUT	WAS UNDERLYING	hon	PLACE OF INJURY ie.g., in ne, iarm, loctory, street, al	or obout 21 C. WH	ERE DID	(If In Boltim	ore City, glv	e exoct location)
)		nedicol examined	eic)					
MEDI	FINJURY	Monthi (Doy) (Year)		INJURY OCCURRED		M DID INT	IRY OCCUR?		
0	APPROXI		Wo	ile At Not White					
2:	2. I certify th	not (1) (this haspital	attended t		4-26	1	9 12 ta	4-5	Le 1972
	<u> </u>	est saw the decease		4-26	197_		t in(my) (aur) ap	inian dear	th accurred on the date
a	nd hour and	from the causes stat	ed above. (l) (We) (did) (did not) vi	ew the bady of	ter death.			
2:	A. SIGNATURE	0.0	0	- MY Atte		7		23 B. DAT	E SIGNED
	97	. The	vyor	DEGREE Phys	nding Me		Stoff Phys.	4	-26-22
2;	NAME (Typ	ol	1		3D. ADDRESS				
			arfori	DEGREE	730 Ashb	urton	st.		
24A.	REMOVAL (Sp.	ATION 248. DATE	24C, N	AME OF CEMETERY OF CRE	MATORY	24D. LO	CATION (C	ity to wing o	r countyl
	Derrie	10 52-1	12 11	no Calvan	y Cem	1 Ca	Um A	ell	MAL
25A.	NV A _ 4	THEALTH DEPT.	258 NAME C	OF REGISTRAR	25C. FUNERAL	DIRECTOR.	1 1	1600	ADDRESS
141	0-REV. 1/1/68	IL MOORING	America)	Tract of Co.	1 / Services	y Cho	vis fr. J.	1922	Elmanloon an



was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

1	1) /20			BALTIMORE CITY	HEALTH DEPARTMENT	. /	70 04900
BIR	TH NO.	72	04292	CERTIFICA	TE OF DEATH	REG. NO	72 04292
	AME OF DECI	Russell	0. Will:	iams		ril 30, 1972	
3.	PLACE IN BALT	IMORE MARTLAND,	WHERE PRONO	UNCED DEAD	A. STATE B. CO	Where deceased lived. If i	institution: residence before admission)
HC	LL NAME OF	(IF NOT IN HOSPI ADDRESS OR LOC	TAL OR INSTIT	TUTION, GIVE STREET	Maryland c.city or town	Baltimore	SIDE CITY LIMITS?
	5 1				Dundalk		YES NO X
	31B	altimore Cit	y Hospi	tal	E. STREET AND NUMBER 217 Rive:	r rview Avenue	
5. 5	Male	White	7- MARRIED WIDOWED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH 11-30-22	9. AGE (In years Jost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
	e during most of v	vorking life, even if retired)			11. BIRTHPLACE ISlate of		12. CITIZEN OF WHAT COUNTRY?
13.	FATHER'S NAA	mployed	Me	chanic	Virgini		U.S.A.
100		Orville Wi	lliams			Grace Davis	
15. (Ye	Wae Deceased s, no or unknown) Yes	Ever in U. S. Armed Fo lif yes, give war or da WW II	orces? tes of service)	16. SOCIAL SECURITY NO. 229-14-6652	Mrs. Frances		217 Riverview Avenue Dundalk, Md. 21222
СЕКТІГІСАТІОМ	DISEASES OF THE DEATH OF THE DE	E OR CONDITION D LEADING TO DEATH of mean the mode of astheria, etc. it mean plication which cause ANTECEDENT CAUSE of CONDITIONS, if above cause (A) CONDITION last. CONDITION GIVEN IN PA OPERATION 198 CONDITION 198 CONDITION GIVEN IN PA OPERATION 198 CONDITION 1	of dying, e.g., of the disease d death.) S any, giving the disease death. ONTRIBUTING THE TERMINAL LRT 1 (A). NOTION FOR REFORMED	(B) DUE TO, OR AS (C) WHICH OPERATION	JSE A CONSEQUENCE OF: A CONSEQUENCE OF: A CONSEQUENCE OF: NO NO n or about 121 C, WHERE DI	D (If In Boltime	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH FINDINGS CONSIDERED AUSES OF DEATH? Ore City, give exact location)
CAL	OR CONTRIBU	IT WAS UNDERLYING TING CAUSE OF medical examined	hor	me, larm, factory, street, o	ffice bldg. INJURY OCCUI	17	
MEDI	21D.TIME OF INJURY IAPPROX.)	(Year	w	LINJURY OCCURRED hile At Not Whi ork At Work	le [7]	INJURY OCCUR?	
	that (I) (we)	that (t) (this hospitiast saw the decea	sed alive an.	and of	1922 and other dea		1922 of the date
	23A SIGNATU						23B, DATE SIGNED
	600	men/ C	Logar	DEGREE Phy	anding Med.	Stoff Phys.	May 2, 1972
	23C. PHTSICIA NAME (T	Benigno	R. Lazar	o. M.D.	230. Address 59 Dundalk. Av	rė. Dundalk, l	Md. 21222
24	A. BURIAL CREE	MATION, 248, DATE		IAME OF CEMETERT OF CR			City, town, or county) (State)
	Burial	5-3-72	0	ak Lawn Cemete	ery	Baltimore,	Maryland
	MAY 4-	1972 Poses		OF REGISTRAR	25C. FUNERAL DIREC	TOR	ADDRESS Lve. Dundalk, Md. 21222
VS	150-REV. 1/1/	08					



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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and, the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1	155			BALTIMORE CITY	HEALTH DEPARTM	ENT		72 04293
1	-622	12	0429	(1)	TE OF DEA		G. NO	12 04533
BIRTH 1. NA/	NO. ME OF DECEA	SED		OLK THICK		60		
1 T	- D * 41		IFNA		2. D	ATE AND HOUR		2:15
3. PL/	ACE IN BALTIN	BERMAN,	WHERE PRON	OUNCED DEAD	4. USUAL RESIDENCE			7.15 p
					A. SIAIE	COUNTY	0 11 TO 04 11 111) C 2
HOSP	NAME OF	ADDRESS OR LOC	ATION)	TTUTION, GIVE STREET	MARYLANI)		4821
1					C. CITY OR TOWN BALTC		D. INSI	DE CITY LIMITS?
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	2					STERTO	UNRA	#15
5. SEX	6.	RACE	7. MARRIE	D NEVER MARRIEDYXX	8. DATE OF BIRTH	9. AGE (In	yeors	If Under 1 Ys., If Under 24 Hay
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		BEANT DEDNAMA			14. MOTHER'S MAID			
		MAN BERMAN			MOLLIE CH	HAIT		
(Yes, no	or unknown) (If	r in U. S. Armed For yes, give war at dot	ces? es of service!	1 6. SOCIAL SECURITY NO.	17. INFORMANT			ADDRESS
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18.	412	19-1		CAUSE OF DEAT	THE DENOIS DE	INMAIN, 210	EQUII	APPROXIMATE INTERVAL
	DISEASE C	R CONDITION DI	RECTLY					BETWEEN ONSET AND GEAT
(7)		DING TO DEATH		(A)IMMEDIATE CAU	SE INTRACER	REBRAL A	EMORE	CHASE ZO SAU
j he	art lailure, asi	mean the mode of menia, etc. Il means	the disease		A CONSEQUENCE OF:			77.79
inj	luty of camplic	olion which caused	death.)					
		ECEDENT CAUSES		(8)				
DI	SEASES OR	CONDITIONS, il bave cause (A)	any, givin	DUE TO, OR AS	A CONSEQUENCE OF:			
UI	NDERLYING C	ONDITION last	elollud in	(c)	ATCUD -			7042
		11						
ATION OIL	HER SIGNIFICAL	T CONDITIONS CO	NTRIBUTING					
A DIS	EASE OR COND	IT NOT RELATED TO THE	T 1 (A).	*****************	*****************	************		***************************************
THE THE	DATE OF OP	RATION 1198 CON	DITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes	Chil Charles	ES, WERE F	INDINGS CONSIDERED
		1			NO.	-	FIING CAU	ISES OF DEATH!
. IUK	CONTRIBUTION	AS UNDERLYING	21 ho	B. PLACE OF INJURY (e.g., ir me, farm, foctory, street, of	or obout 21C. WHERE	DID (II	In Boltimore	City, give exoct location)
O DE	ATH Inalify med	icol exominer	eto	:J				
21E Of	NJURY (M	onthi (Doy) (Year)	(Houd) 21	E INJURY OCCURRED	21F. HOW D	ID INJURY OCCU	R?	
Z (AP	PROX.)		W	hile At Not While				
22.	I certify that	(I) (this bosnital		the deceased fram	4-18	7.7		E 1 33
		sow the decease			7.	19 72 1		V=1 19 7 2
						ind that in (my)	(aur) apini	lan death accurred on the dot
23A	SIGNATURE	m the causes stat	ed abave.	(I) (We) (did) (did nat) vi	ew the bady ofter d	eath.		
		171150	REZ	Aller	ding Med.	51-II		23B. DATE SIGNED
22.0	BUVELELABRE	OJUTION.	RC C	DEGREE Phys.	Director	Sheff Phys.		V-1-72
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			IERR	DEGREE	JINAI H	OTAITAI	04	BALTIMORE
4A. BL	MOVAL (Speci	ON, 248, DATE	24C. N	AME OF CEMETERY OF CRE	MATORY 2	LOCATION		, town, or county! (State)
	URIAL	5-2-72	5	SHAAREI TFILOH		BALTIMORE	MARY	LAND
25A. D.	ATE REC'D BY		258 NAME	OF REGISTRAR	25C, FUNERAL DIR		,	ADDRESS
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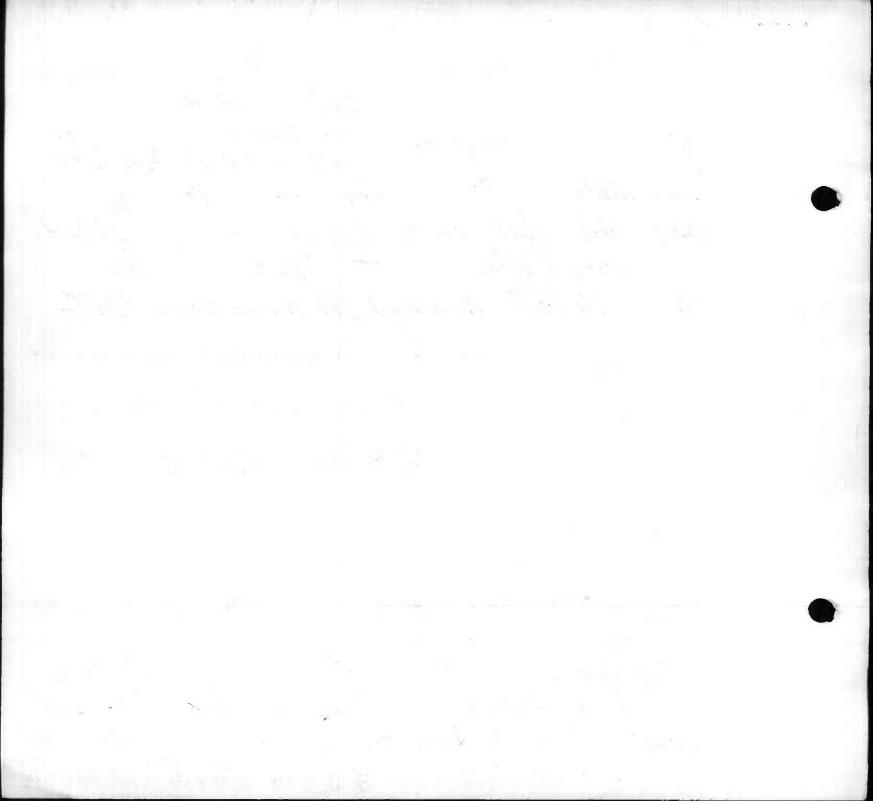
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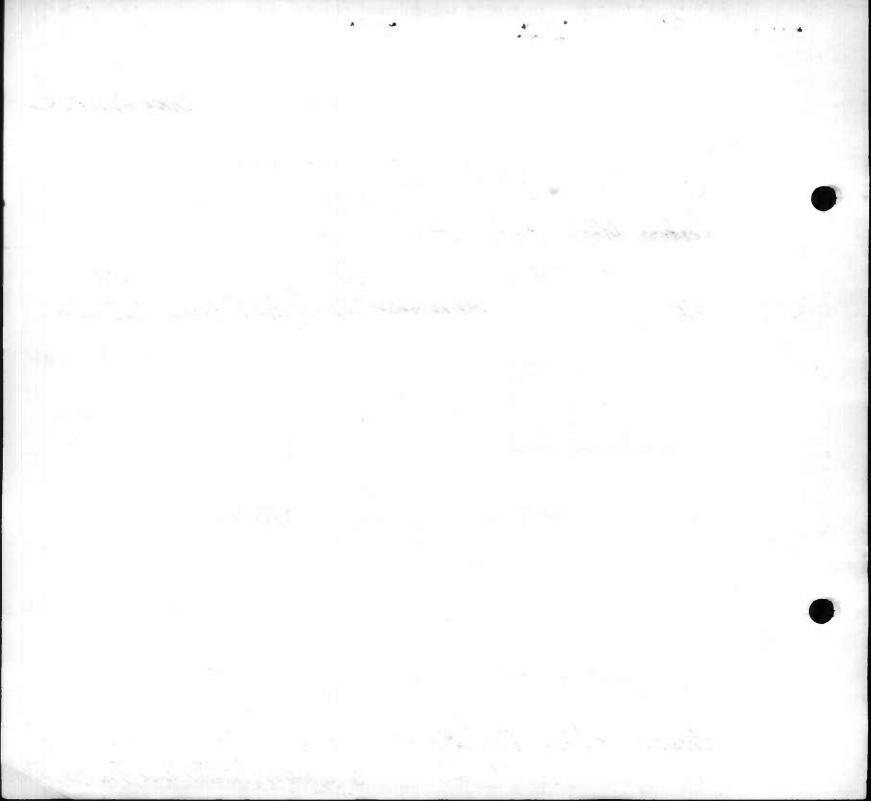
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED (Type or Print) 2. DATE AND HOUR OF DEATH 4. USUAL RESIDENCE (Where deceased fived, II institution; residence beloro admiration)
A. STATE
B. COUNTY 57. 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) MARYLAND C. CITY OR TOWN D. INSIDE CITY LIMITS? BEH. HOSP-EMTON 50WTH YES T NO E. STREET AND NUMBER HANDUER 5. SEX 6. RACE 9. AGE (In years It Under 1 Yr. Months: Doys MARRIED NEVER MARRIED If Under 24 Hrs. last birthday WIDOWED DIVORCED 10A, USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life; aver if retired) HOSTESS. MARYLAND

14. MOTHER'S MAIDEN NAME 15. Was Deceased Ever in U. S. Armed Forces?

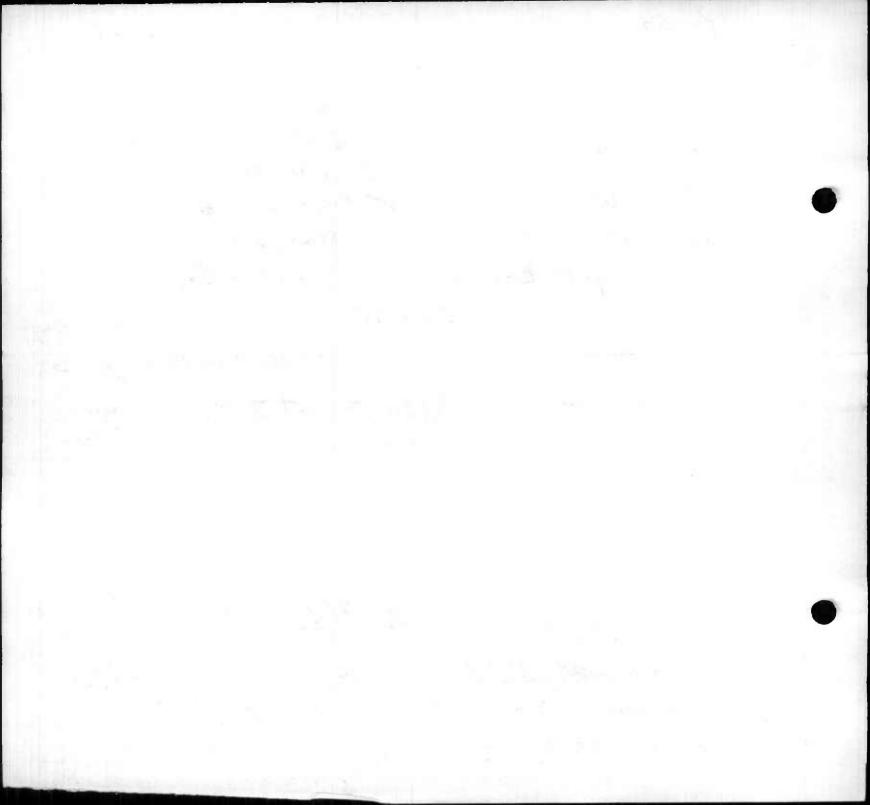
15. Was Deceased Ever in U. S. Armed Forces?

16. SOCIAL SECURITY NO. SECURITY NO. 316-12-3252 7. THEORM AN ADDRESS CAUSE OF DEATH BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH 5 MINUEL (this does not have been as the hand of the constant of the co DUE TO, OR AS A CONSEQUENCE OF: CONDITIONS. IF tis 4116 thas 7 9) EDR 1 TAN BEN'IN OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19R CONDITION FOR WHICH OPERATION WAS TROPING CARDINATION 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 20A. AUTOPSY? (Yes or No) CARDIAC 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID home, form, fociory, street, office bldg., INJURY OCCUR? (If In Baltimore City, give exact location) MEDICAL DEATH (notily medical examined 21D. TIME (Month) (Doy) (Year) (Hous) 21 E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? Not While While At (APPROX.) At Work 22. I certify that (I) (this hospital) attended the deceased from that (1) (we) last saw the deceased alive on_ wond that in (my) (our) opinion death occurred on the date and hour and from the couses stated above. (1) (We) (did) (did not) view the body ofter deoth. Attending Phys. Med. PASSICIAN'S 23D. ADDRESS HANOVER 81 XAPOLEON ABA4DO 24A. BURIAL CREMATION, 248. DATE 24C NAME OF CEMETERY OF CREMATORY MOVAL (Specify) 24D. LOCATION (Stote) R. NAME OF REGISTRAR VS 150-REV. 1/1/68



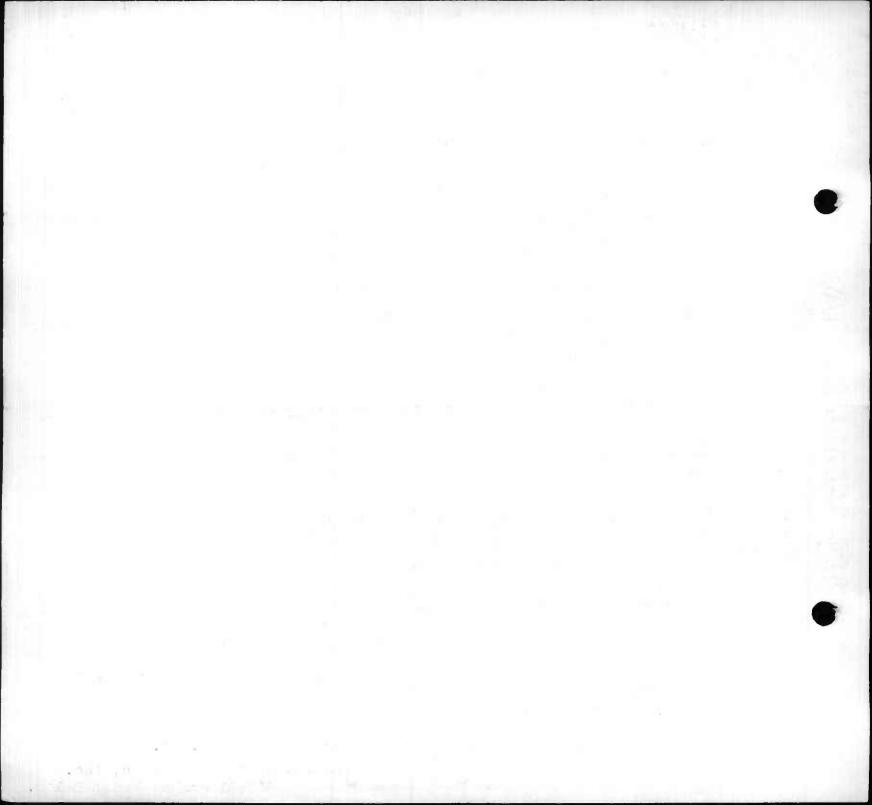
Ints certificate must be approved by the chief medical examiner ar his assistant if death accurred in a haspital and the body was released to the hospital by a medical examiner. Also, if the direct ar cantributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pranaunced death was in regular attendance an the deceased priar to death); and (6) No physician was in regular attendance an the deceased priar to death. Such written approval must be obtained before the remains are embalmed ar final dispositian is made.
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	B-650 72 (4296 BALTIMORE CITY HEALTH DEPARTMENT
	BIRTH NO. CERTIFICATE OF DEATH
	1. NAME OF DECEASED (Type or Print) 2. DATE AND HOUR OF DEATH S-1-72 1 2 20 11
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE IWhere deceased lived. If institutions residence before admiration
	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET C. CITY OR TOWN D. INSIDE CITY LIMITS?
0	BOLTON HILL NUTSING BOLTO YES IN NO DESTREET AND NUMBER STREET
	6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (in years II Under 1 1/4, II Under 24 Hrs.
	WIDOWED DIVORCED D
	10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	Masiertics Homemarise Mary and US.
	CARAME LANGE THE ROLL SE
	5. Wes Deceased Ever in U. S. Armed Farces? Yes, no ar unknown! (II yes, give war ar dates at service) 16. SOCIAL SECURITY NO.
	065-20-000
	18. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	LEADING TO DEATH
	(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death.) (A) IMMEDIATE CAUSE AUGUSTUS TO THE TO, OR AS A CONSEQUENCE OF:
	ANTECEDENT CAUSES PLOUSES
	DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the
	UNDERLYING CONDITION last. (c) 14 1495
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).
	194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 1204. AUTOPSY? (Yes of No.) 208. IF YES, WERE FINDINGS CONSIDERED
	WAS PERFORMED IN CERTIFYING CAUSES OF DEATH?
	OR CONTRIBUTING CAUSE OF SEATH (notify medical examine) OR CONTRIBUTING CAUSE OF STATE OF INJURY (e.g., in at about 21 C. WHERE DID (If in Ballimore City, give exact location) FACE OF INJURY (e.g., in at about 21 C. WHERE DID (If in Ballimore City, give exact location)
	21D.TIME (Manth) (Dayl (Yeor) (Haur) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While At Not While
	Work At Work L
	22. I certify that (I) (this hospital) attended the deceased from 19 20 to 5/1 19 21 that (I) (we) last saw the deceased alive on 19 22 and that in (my) (aux) animals decided as the last saw the deceased alive on 19 22 and that in (my) (aux) animals decided as the last saw the deceased alive on 19 22 and that in (my) (aux) animals decided as the last saw the deceased alive on 19 22 and that in (my) (aux) animals decided as the last saw the deceased alive on 19 22 and that in (my) (aux) animals decided as the last saw the deceased alive on 19 22 and that in (my) (aux) animals decided as the last saw the deceased alive on 19 22 and that in (my) (aux) animals decided as the last saw the deceased alive on 19 22 and that in (my) (aux) animals decided as the last saw the deceased alive on 19 22 and that in (my) (aux) animals decided as the last saw the deceased alive on 19 22 and that in (my) (aux) animals decided as the last saw the deceased alive on 19 22 and that in (my) (aux) animals decided as the last saw the deceased alive on 19 22 and that in (my) (aux) animals decided as the last saw the deceased alive on 19 22 and that in (my) (aux) animals decided as the last saw the
	and have and from the causes stated above. (I) (We) (did) (did nat) view the body after death.
	23A. SIGNATURE 23B. DATE SIGNED
	Attending Med. Staff
	23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS
2	1A. BURIAL CREMATION, 248, DATE 24G, NAME of CEMETERY OF CREMATORY 1/20 1/20 1/20 1/20 1/20 1/20 1/20 1/20
	REMOVAL (Specify) 24D. LOCATION (City, town, or county) (Stote)
2	SA. DATE REC'D BY HEALTH DEPT. 258, NAME OF REGISTRAR 25C, FUNERAL DIRECTOR
	MAY 4-1972 Was E Jabe NO O Mycosual Appenin Home 6505/UNIRD
V	\$ 150-REV. 1/1/68



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	BALTIMORE CITY	HEALTH DEPARTMENT		
10-242 72 04297		TE OF DEATH	REG. NO.	2 (4297
INAME OF DECEASED			HOUR OF DEATH	
Citype or Print Nichols M. Cec	: 1		8/72	1 5 1 1
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONO				lion: residence before admission
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)	TUTION, GIVE STREET	nD c, city or town		302
	1 ./	BALTIMORE	D. INSIDE C	
Chan Home & Mospiler	/	E. STREET AND NUMBER	YE	S NO L
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1 20	NEVER MARRIED	l a l / l l . cst	AGE (In years II birthdoy) Mo	Under 1 Ye. If Under 24 His.
MIDOWEL		216/14	588°S.	
10A USUAL OCCUPATION (Give kind of work 10B, KIND Codone during most of working life, even if retired)	PE BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	country! 12	CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME		mD.		AMER
		14. MOTHER'S MAIDEN NAME		
(HARLES WICHOLS		17. INFORMANT medi: (JENKIN	15
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) lif yes, give wor or dates of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
no	218-10-5470	medi:	harre.	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	CAUSE OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(This does not meen the made of dying, e.g.	(A) IMMEDIATE CAU	SE melignence of i	174nw5	
heart failure, asthenio, etc. It means the disease injury ar complication which caused death.)		Bladdel		
ANTECEDENT CAUSES	7 pgs	He my-greps	of 1382;	_
DISEASES OR CONDITIONS, if any, giving	DUE TO, OR AS	A CONSEQUENCE OF:	0) 13041	
rise to the above cause (A) stating the				
UNDERETING CONDITION lest.	(c)		***************************************	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED WAS PERFORMED 1214. ACCIDENT WAS UNDERLYING 121	**************************************	***************************************		2000000 annu 2000 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
198 DATE OF OPERATION 198 CONDITION FOR WAS PERFORMED	1 - 10 0 1		OB IF YES, WERE FINDS	INGS CONSIDERED
OP CONTRIBUTING CAUSE OF	B. PLACE OF INJURY (e.g., in	or obout 21 C. WHERE DID	(If In Boltimore City	y, give exact facation)
DEATH (notify medical examined ela		dan upa		
OF INJURY (Month) (Doy) (Year) (Hour) 21	E INJURY OCCURRED	21F. HOW DID INJURY	O C CUR?	
(APPROX)	hile At Not While			
22. I certify that (1) (this hospital) attended	the deceased from	4/// 19-	12 to 4	1281 1972
that (1) (we) lost sow the deceased office on		19 72 and that I	n (my) (our) opinion	death occurred on the date
and haur and from the causes stated above.	1) (We) (did) (did nat) vi	ew the body after death.	2-A	
23A. SIGNATURE			23 B.	DATE SIGNED
D. Might	DEGREE Phys.	Med. Staff		4/28/72
23C-PHYSICIAN'S NAME (Type)		3D. ADDRESS		7
DR. J.R. ANJAR	DEGREE	CHURIN HOM?	= 8 Mospi.	TAL
24A. BURIAL CREMATION. 24B. DATE 24C.N	AME OF CEMETERY OF CRE	MATORY 24D. LOCA	TION (City, to	wn, or county) (State)
	Glen Haven C	emetery	Balto. Md.	
	OF REGISTRAR	25C. FUNERAL DIRECTOR		mes The



	pproved by the chief medical examiner or his assistant if death occurred in a hospital and the hospital by a medical examiner. Also, if the direct or contributing cause of death any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased (except where the physician who pronounced death was in regular attendance on the ; and (6) No physician was in regular attendance on the	sifion is made.
IMPORTANT	Also, if the direct re of any kind; (4) nounced death wattendance on the	Ilmed or tinal dispo
FUNERAL DIRECTOR: IMPORTANT	f medical examiner. medical examiner. y burns; (3) A fractu physician who pro	obtained before the remains are embalmed or final disposition is made.
FUNE	pproved by the chie the hospital by a any nature; (2) Bod (except where the ; and (6) No physic	obtained before th

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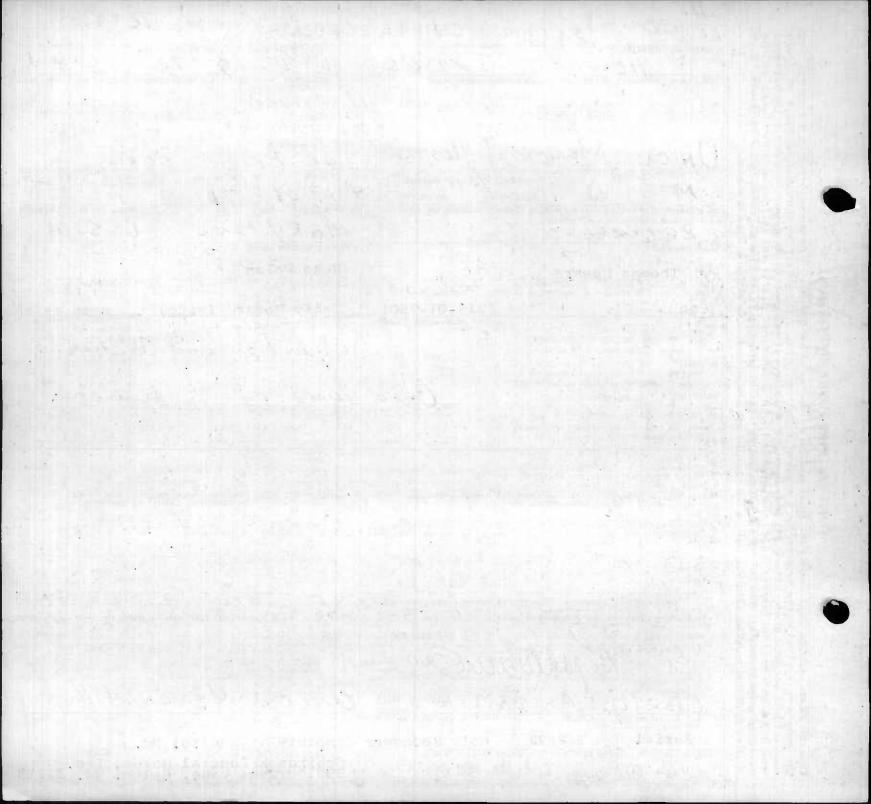
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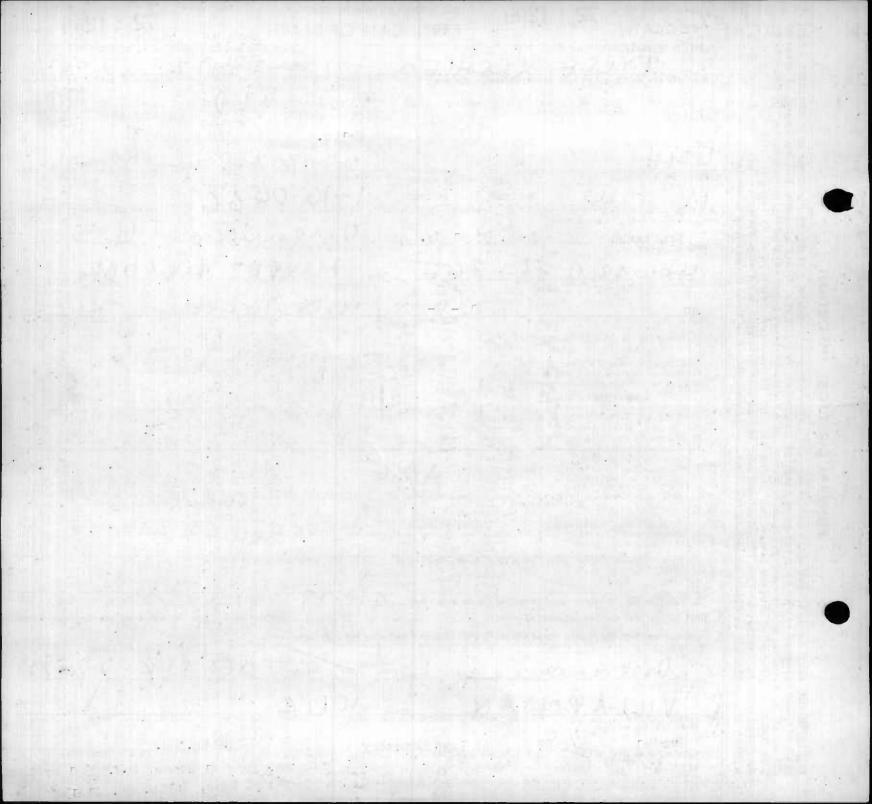
BALTIMORE CITY HEALTH DEPARTMENT REG. NO. CERTIFICATE OF DEATH I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) WAR 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission, A. STATE

B. COUNTY 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD ARYIDNO (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) FULL NAME OF HOSPITAL OR D. INSIDE CITY LIMITS? NO E. STREET AND NUMBER 2118 5. SEX 6. RACE 9. AGE (In years If Under 1 Yr. Months: Days If Under 24 Hrs. B. DATE OF BIRTH MARRIED lost birthdo WIDOWED 15 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) 5. REPIRED -? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Rose Dolan Thomas Howa'rd 15. Was Deceased Ever in U. S. Armed Forces? 17. INFORMANT ADDRESS 6. SOCIAL (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. 216-01-7501 Emily Howard (wife) no same as 18. CAUSE OF DEATH BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not meon the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF heart loilure, asthenia, etc. It means the disease, injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, il ony, giving DUE TO, OR AS A CONSEQUENCE OF rise to the obove couse (A) stoting the UNDERLYING CONDITION lost, CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) DEATH (notify medical exominer) etc.) MEDI 21 D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY Not While While At (APPROX.) Work 22. I certify that (1) (this hospital) attended the deceased from 19 7 2 to 1972 that (1) (we) lost sow the deceased alive on. ond that In(my) (our) opinion death occurred on the date and hour and from the couse's stated above. (1) (We) (did) (did not) view the body ofter death. 23A. SIGNATURE 23 B. DATE SIGNED Attending [Med. Stoff Director L Phys. 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type 24A. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) REMOVAL (Specify Burial 5/2/72 Holy Redeemer Cemetery Schimunek Funeral Homes, 258. NAME OF REGISTRAR ADDRESS Inc. 3931 Brehms Lane, Balto. VS 150-REV. 1/1/68



Such a hospital and of death Deceased uo death. attendance Undetermined cause; (5) cause 0 prior contributing occurred is made. regular deceased disposition death Was the assistant if death 0 or final attendance any pronounced med of fracture embal regular w ho are physician the remains chief medical burns; Was edical physician (2) Body the O before the where to the hospital °Z nature; obtained 9 (except and any pe death) accident of hospital was released must 0 approval ō prior at D.O. A. eceased the body ritten shows: Was

BALTIMORE CITY HEALTH DEPARTMENT REG. NO. CERTIFICATE OF DEATH I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) & 4. USUAL RESIDENCE (Where deceased 3. PLACE IN BALTIMORE, MARYLAND, lived. If institution; residence B. COUNTY STATE FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) @0 OR TOWN D. INSIDE CITY LIMITS? YES X NO Balto. 5. SEX 8. DATE OF BIRTH 9. AGE (In years) 6. RACE If Under 1 Yr. If Under 24 Hrs. MARRIED NEVER MARRIED Hours lost birthdoy WIDOWED DIVORCED USU'AL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Draftsman Steel Co 13. FATHER'S NAME 14. MOTHER'S MAIREN NAME DW AR 15. Was Deceased Ever in U. S. Armed Forces? SOCIAL (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. 21 3-03-2022 no CAUSE OF DEATH 18. BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH DUE TO, OR AS A CONSEQUENCE OF (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which coused death.) ANTECEDENT CAUSES DUE TO, OR AS A CONSEQUENCE OF DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoting the UNDERLYING CONDITION lost. (C). CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) 20 A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 198. CONDITION FOR WHICH OPERATION 19A. DATE OF OPERATION WAS PERFORMED OR CONTRIBUTING CAUSE OF 218. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exoct location) MEDICAL DEATH (notify medical examiner) etc. 21 D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY While At Not While (APPROX.) Work At Work 22. I certify that (1) (this hospital) attended the deceased from that (I) (we) lost sow the deceased alive on 19 ond that In(my) (aur) opinion death occurred on the date and hour and from the causes stated above. (i) (We) (did) (did not) view the body after death. 23A. SIGNATURE 23B. DATE SIGNED Attending Med. Staff Director L Phys. 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type) DEGRE 24A. BURIAL CREMATION. 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (State) (City, town, or county) REMOVAL (Specify) Oak Lawn Balto. Md Cemeterv 25A. DATE REC'D BY HEALTH DEPT. 2SC. FUNERAL DIRECTOR ADDRESS Schimunek Funeral Homes, Inc. 3331 Brehms Balto. Md. Lane, VS 150-REV. 1/1/68



	NAME OF DECEASED	TE OF DEATH 12. DATE AND HOUR OF DEATH	10
	Charles & Rode	May 2, 1972	8 /PM.
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Whore decoosed lived. II	institution: residence before edmission
FIH	OSPITAL OR ADDRESS OR LOCATION) OSPITAL OR ADDRESS OR LOCATION)	Maryland	2743
	90	Baltimore E. STREET AND NUMBER	YES X NO
	House In The Pines Bel-Aire	3102 Batavia Ave	
		Sept. 28, 1992 9. AGE (In years lost birthdoy) 79	If Under 1 Yr. If Under 24 H Months Doys Hours Min.
	A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY ne during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNT
	Retired Foreman Lumber Co	Maryland	U.S.A.
13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	Julius Rode	Matilda MICSI Mies	
1 S. (Y	. Wos Decoosed Ever in U. S. Armod Forces? es,no or unknown) (If yes, give war or dotos of service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
	No 213-05-3311	Mrs Ireme M Rode	Same
	hearl failure, asthenia, etc. It means the disease,	A CONSEQUENCE OF:	
NOTAL	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	A COASEQUENCE OF:	Warming Disease:
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION WAS PERFORMED (C)	20A. AUTOPSY? (Yes of No) 20B. IF YES, WERE IN CERTIFYING C.	FINDINGS CONSIDERED AUSES OF DEATH?
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approved by the chief medical examiner or his assistant if death occurred in a hospital and to the hospital by a medical examiner. Also, if the direct or contributing cause of death of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased al (except where the physician who pronounced death was in regular attendance on the h; and (6) No physician was in regular attendance on the deceased prior to death. Such be obtained before the remains are embalmed or final disposition is made.	I
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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	1

1-526	2 72 (4302		HEALTH DEPARTMENT	REG. NO	72 043 2
1.NAME OF DEC	CEASED	JA MES	CARL LANCAS		AND HOUR OF DEAT	H 4:53 P
3. PLACE IN SAI	LTIMORE, MARYLAND, W	HERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (W	here deceased lived. If	institution: residence before admission
FULL NAME OF HOSPITAL OR	(IF NOT IN HOSPIT ADDRESS OR LOC	AL OR INSTIT	UTION, GIVE STREET	MARYLAND	HARFOR	0-110
MOITUTITEM				FALLSTON	D. II	YES NO X
33	Johns Hopk	ins Hosp	oital	E. STREET AND NUMBER Fallston		
MALE	WHITE	7- MARRIED WIDOWED	NEVER MARRIED A	8. DATE OF BIRTH 2/5/1911	9. AGE IIn years lost birthday	If Under 1 Yr. If Under 24 Hrs Months Days Hours Min.
done during most of	UPATION (Give kind of work working life, even if reffred) Driller	108 KIND OI	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fe	oteign country)	12. CITIZEN OF WHAT COUNTR
13. FATHER'S NA	ME LIAM LANCAS	STER		MARY HANL		
5. Was Decesses	Ever in U. S. Armed For	reas?	16-SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No	in yes, give war or son		SECORITI NO.	Mrs. Inez Bil	llingslea	Baldwin Maryland
DISEASES rise to th UNDERLYIN	ANTECEDENT CAUSES OR CONDITIONS, if in above cause (A) G CONDITION last. 11 FICANT CONDITIONS CO. THE BUT NOT RELATED TO.	any, giving stating the NTRIBUTING HE TERMINAL		A CONSEQUENCE OF	ridget	9 mo
	F OPERATION 19% CON WAS PER	IDITION FOR	WHICH OPERATION	20A-AUTOPSY? (Yes or	No) 20B, IF YES, WER	E FINDINGS CONSIDERED
OR CONTRIB	NT WAS UNDERLYING DITING CAUSE OF medical examined	21B hon etc.	PLACE OF INJURY le.g., ine, farm, factory, street, o	n or about 21 C. WHERE DID	(If In Boltin	nore City, give exact location)
21D. TIME OF INJURY IAPPROX.)	(Year)		INJURY OCCURRED Not While At Work	21f. HOW DID I	MJURY OCCUR?	
that (I) (we	that (1) (this hospital) last saw the decease	ed alive on_	5/2	19 72 and		5/2 19 72 plnian deoth occurred on the da
23A. SIGNAT		Lucy .		ending Med.	Staff Phys.	238, DATE SIGNED 5/2/72
23C. PHYSICI	JAME:		M.D.	THE JOHNS		OSPITAL
24A. BURIAL CR REMOVAL Burial	(Specify)		John's Cemete		Long Green	(City, town, or county) (State) Maryland
MAY 4 -	1972 Robars	258, NAME	OF REGISTRAR	Leonard J. I		ADDRESS 305 Harford Rd. 2121

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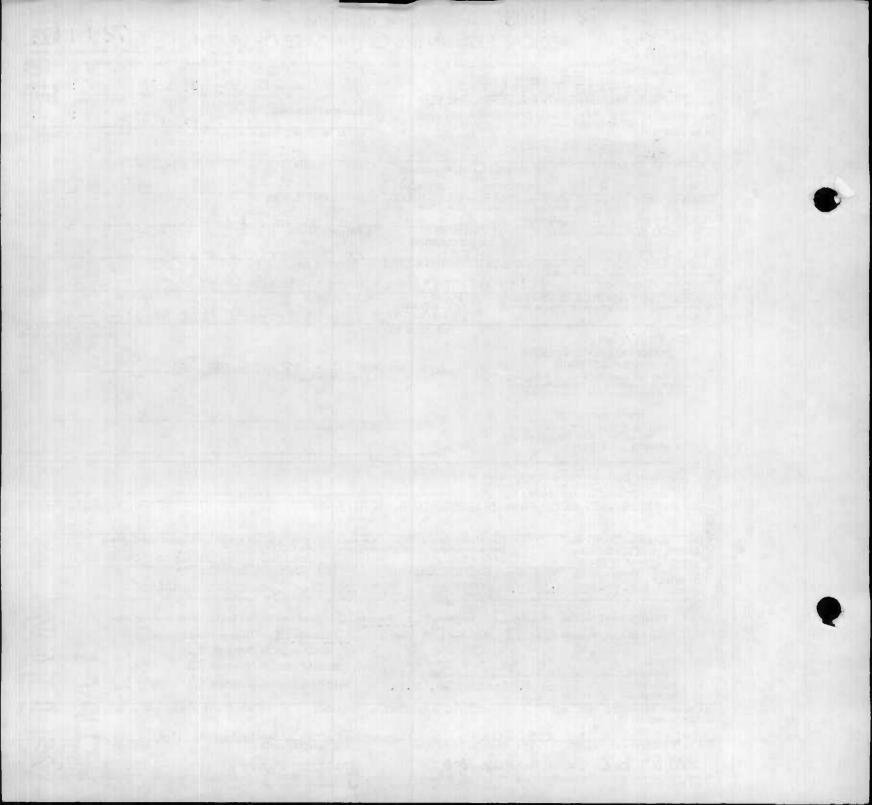
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MEDICAL	EXAMINER'S	CERTIFI	CATE	OF	DEATH	REG.
		2. DATE	Known		Month	Doy

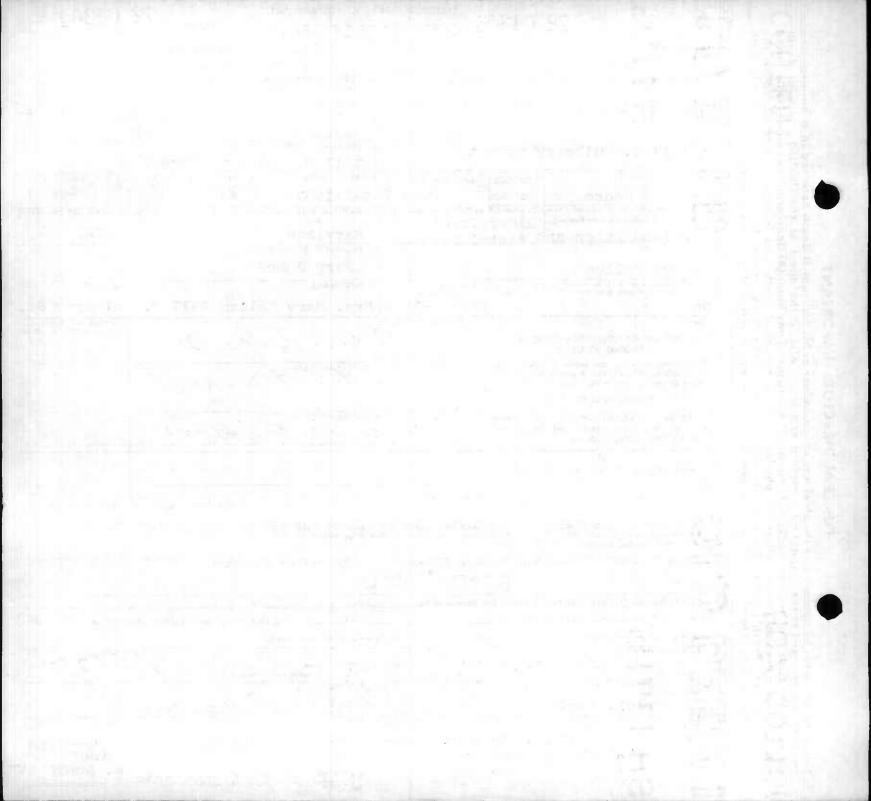
11-62	Ŏ	MED	ICAI	EXAMINER				DEAT	TH REG. NO	72	04303
BIRTH NO.									REG. NO.		
Type or Print)	EASED					2. DATE	Known 🔼	Month	Doy	Year	Hour
Richard	Arnol	d Mer	ric	k, Sr.		DEATH	Estimoted	May	3 , 1972		7:00 A.M.
				RONOUNCED DEAD		3. DATE	NICED DEAD	Month	Doy	Yeor	Hour
FULL NAME OF HOSPITAL	(IF NOT	IN HOSPITA	LORINS	TITUTION, GIVE STREET		PRONOC	NCED DEAD	May	3, 1972		7:00 A.
OR INSTITUTION	ADDITE						SIDENCE (Where	e deceosed		residence	pefare admission)
43		Hospi	Ltal			A. STATE	Maryland		B. COUNTY	1	513
6. SEX	7. RACE		8. MAR	RIED 🖵 NEVER MARRIE	D 🗌	C. CITY OR	TOWN		D. INSIDE CIT	Y LIMITS?	
Male	Neg	gro	WIDO	WED DIVORCE	D D		Baltimor	e	YE	s 🗆	NO O
9. DATE OF BIRTH		10. AGE (in lost birthdo)		If Under 1 Yr. II Under 2 Months: Doys : Hours	4 Hrs. Min.	E. STREET A	ND NUMBER				
7/22/44		27					4154 Pim	li co l	Road		
II. BIRTHPLACE (SI	ate or foreign	n country)		12. CITIZEN OF WHAT COUNTRY?		13. FATHER'	NAME				
Baltimor	re. Md					Fran	k Merri	rk J	r		
4A.USUAL OCCUP	ATION (Give	kind of work	4B. KIN	USA O OF BUSINESS OR IND	USTRY	15. MOTHE	S MAIDEN NA	ME			
one during most of war	orking lite, eve	n il reilred)		y of Baltin							
		I S APMED				18. INFORM		ıı	AF	DRESS	
6. WAS DECEASE Yes, no or unknown)	(il yes, give w	or or dotes	of service								
Yes				217-40-5			id Merr	ick 4	154 Pim		
19.1 76	5X1			CAUSE OF	F DEA	TH					PROXIMATE INTERVAL
	OR CONDI		CTLY								
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injury or com	asthenia, etc. plication whic	h coused dec	th.)								
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RISE TO THE	R CONDITION	JNS, IF ANY JSE (A) STAT	ING THE	, DOE N	o, ok	AS A CONSE	DENCE OF				
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OTHER SIGNI TO THE DEA DISEASE OR	FICANT CON	II IDITIONS CO RELATED TO	ONTRIBL THE TERM	TING							
U DISEASE OR	CONDITION	GIVEN IN PA	ART 1 (A)								
20A. DATE OF	OPERATION	208. CON	NOMON	FOR WHICH OPERATIO	W NC	AS PERFORM	ED			21. AUTO	PSY? (Yes or No)
0										1111	Yes
22A. EXTERN	NAL CAUSE 1	WAS		228.PLACE OF INJURY	Y (e.g.,	In or obout 2	C. WHERE DID	(II in Baltim	ore City, give expe	t location)	
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UTING CAL				Home			~			wau	
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(APPROX.)	4-29-7	2 3:3	0 P.	m. WHILE AT WORK	NOT AT W	WHILE	Shot by u	inknow	n assaila	int	
23.				•							
I certi	fy that I he	eld on le	ngulry	Inspection .	Au	topsy X	and that on t	his basis	, death in my	noiniga	
	ed from: N				Sulcid		micide X	Hadeter	Ined manner	7	
162011	ed Homi IV	A COLUMN CON	-00	Vecident [PAICIO					_	
ACTUAL	10	1/2	1	1. 2			HIEF MEDICAL				DATE SIGNED
SIGNATU	RE Ch	alsJ.	OX	Singali	M.D	ASSI	TANT MEDICAL	EXAMINER	LX		
EXAMINE	R'S C	harles	S.	Springate, M.		•	CATE MEDICAL	EXAMINER	☐ May	3, 1	972
NAME (T				[40.511.5	mie 1	100:00			
24A. BURIAL CREA REMOVAL (Specif		48. DATE		24C. NAME of CEM	ETERY	or CREMATO	RY 24D.	LOCATIO	N (City, town,	or county	(Stote)
Burial	DV HEATTU	5/8/7	7250	NAME OF REGISTRAR	4em	orial.	Dark Ba	ltimo	re Co.,	Md	
ZOA. DATE KEC'D	4070	.) 6 4	1.1			25C. F	ONERAL DIRECT	OK	AI	DKE22	
MAY 5 -	19/2	Visiters	4 4	Bay M.D.	**	Nut	ter Fund	eral	Home-30	35 W	North Av
/S 151-REV. 1/1/68						1 1	20				



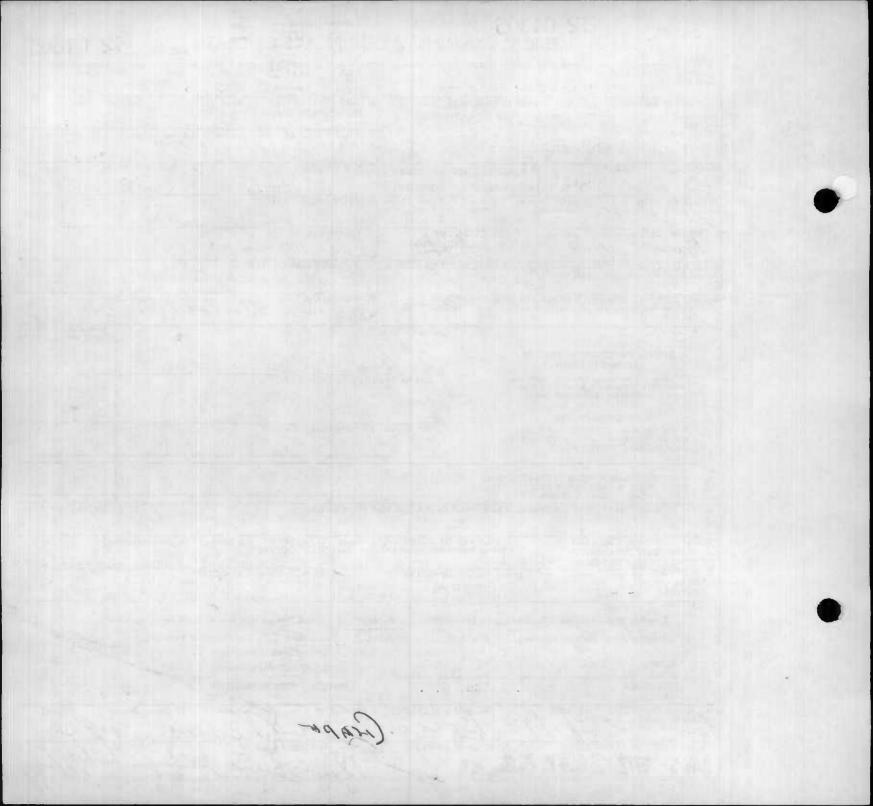
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such certificate must be approved by the chief medical examiner or his assistant if death occurred in

1-45	0 72	04304 CEPTIFICA	TE OF DEATH		72 04	
BIRTH NO.		04304 CERTIFICA	ATE OF DEATH	REG. NO		
1. NAME OF DE	John Kellu	ım Cx		AND HOUR OF DEATH		
3. PLACE IN BA		WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (WI	here deceased lived. If		before admissio
FULL NAME OF	E AE NOT IN HOLD		A. STATE B. COL	INTY	2/	27
FULL NAME OF HOSPITAL OR INSTITUTION	ADDRESS OR LOC	TAL OR INSTITUTION, GIVE STREET	Maryland C.CITY OR TOWN	In th	NSIDE CITY LIMITS?	191
00			Baltimore	J. 110	FT0	NO
3017	W. Mulberr	Ctreat	E. STREET AND NUMBER		150 67	140 L
551.7	W. Mulbell	.y beleet	3917 W. Mu	lberry Str	reet	
5. SEX	6. RACE	7. MARRIED X NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. Months: Days	If Under 24 He
Male	Negro	WIDOWED DIVORCED	5-2-1907	lost birthdoyl	Months Days	Hours Min.
IOA. USUAL OCC	UPATION (Give kind of wor	TOR KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole of fo	reign country)	12. CITIZEN OF	WHAT COUNT
	f working life, even if refired)	Rider Truck	Maryland		US	2
13. FATHER'S NA	IME ALLEHGAI	nt Rental Co.	14 MOTHER'S MAIDEN NA	AME	00	**
Dohant	Wallson		Mary Jone			
	Kellum	reos? 1 6. SOCIAL	17. INFORMANT			***
	d Ever in U. S. Armed Fo				ADDRE	
No		215-09-7830 CAUSE OF DEAT	Mrs. Mary K	ellum 3917	7 W. Mulb	erry St
heart failure, injury or car DISEASES (rise to the	LEADING TO DEATH not mean the mode of , asiheria, etc. It means mplication which coused ANTECEDENT CAUSES OR CONDITIONS, if ne above cause (A)		A CONSEQUENCE OF:			
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DISEASES (iso to the UNDERLYIN) OTHER SIGNII TO THE DEA' DISEASE OR CONTRIBUTE OR CONTRIBUTE OF INJURY (APPROX.)	not mean the mode of ashenia, etc. It means implication which caused ANTECEDENT CAUSES OR CONDITIONS, if the above cause (A) G CONDITION last.	Cany, giving (8) DUE TO, OR AS stating the (C). INTRIBUTING HE TERMINAL IT 1 (A). IDITION FOR WHICH OPERATION FORMED 218. PLACE OF INJURY (e.g., indicated by the content of the conten	20A. AUTOPSY? (Yos or Fin or obout 21C. WHERE DID ffice bidg., INJURY OCCUR?	No) 208, IF TES, WERE IN CERTIFYING C. (If In Boltime	FINDINGS CONSII	
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DISEASES (iso to the UNDERLYIN) OTHER SIGNII TO THE DEATH (ISO OF CONTRIBUTION OF CONTRIBUTION OF INJURY (APPROX.) 21. 1 certify that (i) (we)	not mean the mode of asthenia, etc. It means implication which caused ANTECEDENT CAUSES OR CONDITIONS, if the above cause (A) G CONDITION last. FICANT CONDITIONS CONDITIONS CONDITION GIVEN IN PAIR FOREATION 198. CONWAS PER CONDITION GIVEN IN PAIR TWAS UNDERLYING UTINO CAUSE OF y medical examinest (Month) (Day) (Year) that (1) (this hospital) lost sow the deceased fram the couses started.	CANY, giving Stating the CC DUE TO, OR AS DU	20A. AUTOPSYY (Yos or Notice bidg., INJURY OCCURT	No) 208, IF TES, WERE IN CERTIFYING C. (If In Boltime	E FINDINGS CONSII AUSES OF DEATH?	ncotion)
NO DISEASES (riso to the UNDERLYIN) OTHER SIGNII TO THE DESASE OR CO 19A-DATE OF 19A-DATE	not mean the mode of asthenia, etc. It means implication which caused ANTECEDENT CAUSES OR CONDITIONS, if the above cause (A) G CONDITION last, FICANT CONDITION 10 CONTINUE OF THE BUT NOT RELATED TO TO TOONDITION GIVEN IN PAIF OPERATION 19 PAIF OPERATION 19 PAIF OPERATION 19 PAIF OPERATION (Month) (Doy) (Year) (Month) (Doy) (Year) (that (1) (this hospital) lost sow the decease of fram the couses started.	Any, giving stating the DUE TO, OR AS DUE TO	20A. AUTOPSY? (Yos or Nin or obout 21C. WHERE DID ffice bidg., INJURY OCCUR? 21F. HOW DID IN 19 ond to 19	No) 208, IF TES, WERE IN CERTIFYING C. (If In Boltime	E FINDINGS CONSII AUSES OF DEATH? ore City, give exact in	ncotion)
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DISEASES (iso to the UNDERLYIN) OTHER SIGNII TO THE DEATH OF CONTRIBUTION OF CONTRIBUTION OF INJURY (APPROX.) 21D. TIME OF INJURY (APPROX.) 22. 1 certify that (i) (we) and haur on 23A. SIGNATURY (AMME (I) AMME (I) AMME (I) AMME (I) INJURY (I) AMME (I) AMME (I) INJURY (I) INJURY (I) AMME (I) INJURY (I) AMME (I) INJURY	mot mean the mode of asthenia, etc. It means implication which caused ANTECEDENT CAUSES OR CONDITIONS, if the above cause (A) G CONDITION last, if the above cause in the above cause of the above cause cause of the above cause	Cany, giving stating the CC DUE TO, OR AS Stating the CC DUE TO, OR AS STATING HE TERMINAL IT I (A). IDITION FOR WHICH OPERATION FORMED 218. PLACE OF INJURY (e.g., indicated the deceased from the color) while At Work At	20A. AUTOPSYY (Yos or No in or obout 21C. WHERE DID INJURY OCCURT 21F. HOW DID IN 10 19 0nd for death. 21F. HOW DID IN 19 0nd for death. 23D, ADDRESS Saint Agnes EMATORY 24D.	No) 20B, IF TES, WERE IN CERTIFYING C. (If In Boltime IJURY OCCUR? 19	E FINDINGS CONSII AUSES OF DEATH? ORE City, give exoct in 23B. DATE SIGNE 23B. DATE SIGNE Center City, town, or county)	19

Maryland 12 Arbutus Memorial Park Baltimore Co., 258 NAME OF REGISTRAR 25C. FUNERAL DIRECTOR W. NORTH AVE NUTTER FUNERAL HOME V\$ 150-REV. 1/1/68

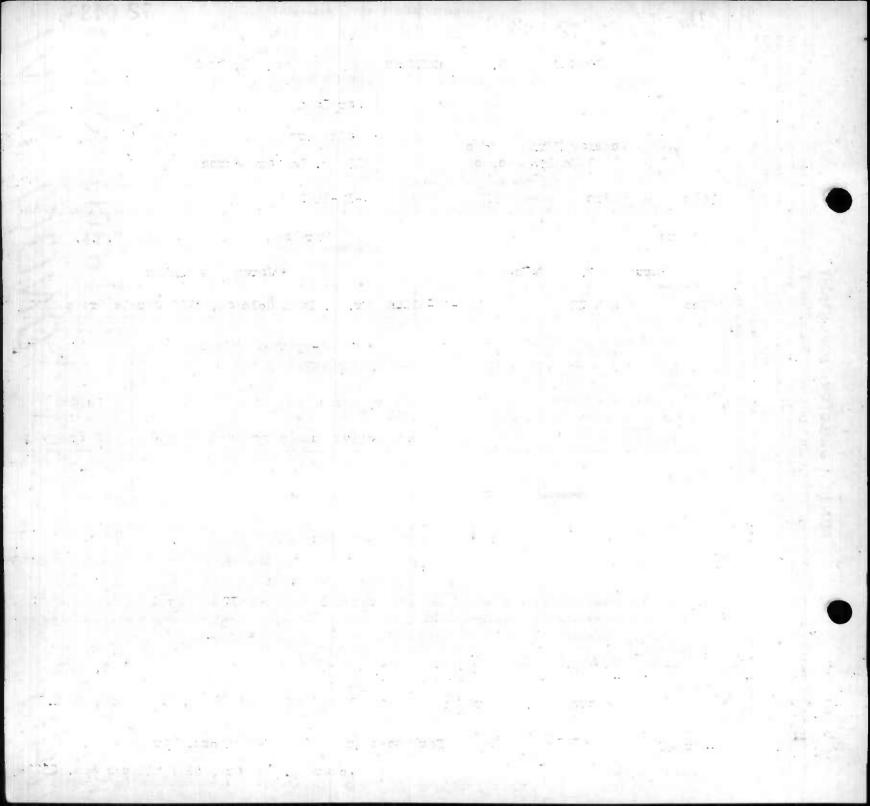


1/- 202 72 04305 BALTIMORE CITY HE	EALTH DEPARTMENT	
H-323 MEDICAL EXAMINER'S C	CERTIFICATE OF DEATH REG. NO	72 04305
1. NAME OF DECEASED (Type of Prim) JANICE P. HATCHETT	2. DATE Known 1 Month Day OF DEATH Estimoted May 1, 1972	Year Hour M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)	PRONOUNCED DEAD Month Doy May 1, 1972	10:15 Pm.
2909 Woodland Avenue	5. USUAL RESIDENCE (Where deceased lived, if Institution: res A. STATE B. COUNTY	idence before odmission)
6. SEX 7. RACE 8. MARRIED NEVER MARRIED Female Negro WIDOWED DIVORCED	C. CITY OR TOWN D. INSIDE CITY II Baltimore YES	•
9. DATE OF BIRTH 10. AGE (in yeors If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min. 21	E. STREET AND NUMBER	110 11
11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?	2909 Woodland Avenue 13. FATHER'S NAME LORGN 30 SNECKLY	
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTR' done during most of working life, even if retired)	TRONG WARKER	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (II yes, give war or dotes of service) SECURITY NO.	18. INFORMANT W. HareHEITZGOG	ESS WOODLAND
19. E 965XI CAUSE OF DEA		APPROXIMATE INTERVAL SETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying, e.g., DUE TO, OR.	CAUSE Gunshot wound of head AS A CONSEQUENCE OF:	
heart lotiure, asthenio, etc. It means the disease, injury or complication which coused deoth.)	AS A CONSEQUENCE OF	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:	
II I TINDERLYING CONDITION LAST		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W.		
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	AS PERFORMED 21.	Yes Yes or No)
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- home, farm, loclory, street, office UTING CAUSE OF DEATH.	in or obout 22C. WHERE DID (it in Boltimore City, give exact loce bidg., etc.) INJURY OCCUR? 2909 Woodland Avenue	cation)
22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURED OF INJURY (APPROX.) 5-1-72 ? m., WORK		ant
23.	utapsy 🔯 ond that on this basis, death in my opin	nlon
	de Homicide Undetermined monner Deputy CHIEF MEDICAL EXAMINER	DATE SIGNED
ACTUAL SIGNATURE EXAMINER'S Werner U. Spulza, N.D. NAME (Type)	The state of the s	y 2, 1972
24A BURIAL CREMATION, 24B, DATE 24C, MAME of CEMETERY REMOVAL (Specify) 7/72 24C, MAME of CEMETERY	or CREMATORY 240, LOCATION (City, town, 9	county) (State)
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	PSC. FUNERAL DIRECTOR ADDR	ESS Bol
MAY 5 - 1972 Januar E. Januar K.D. VS 151-REV. 1/1/68	Mars have promyer	1/30



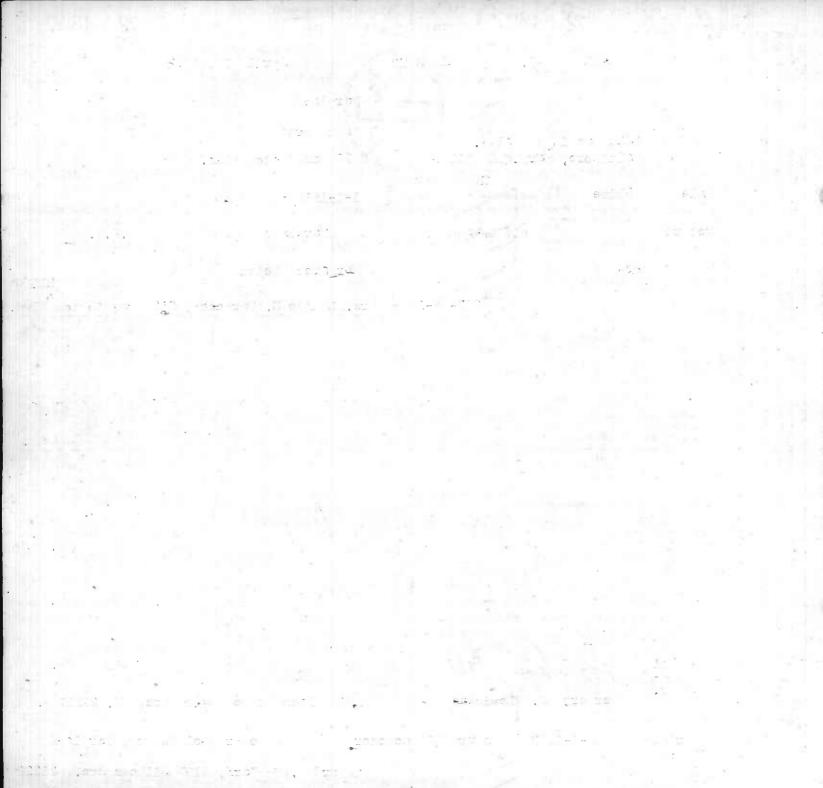
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

/	7 /				HEALTH DEPARTMEN	T	72	04306	
RIP	-455 TH NO.	72	04306	CERTIFICA	TE OF DEATH	REG. NO		0.000	
1. N	AME OF DECE	ROBERT	Н₽	COLEMAN		ay 1, 1972	1		Μ.
3. 1	PLACE IN BALTI	MORE, MARYLAND, W	HERE PRONO	UNCED DEAD		Where deceased lived. If	institution: re-	sidence before o	dmission)
FU	LL NAME OF	(IF NOT IN HOSPIT	AL OR INSTIT	UTION, GIVE STREET	Maryland			180	5
INS	SPITAL OR	ADDRESS OR LOCA	ATION)		C. CITY OR TOWN	D. IN	SIDE CITY LIF		
	00	Kenesaw Nu	rsing H	ome	Baltimore E. STREET AND NUMBE	ER	YES 2	NO	
	70	2601 Ros1			817 W. Lomb	ard Street			
5. S	ale	White	7- MARRIED	NEVER MARRIED DIVORCED	B. DATE OF BIRTH 4-15-1902	9. AGE (In years lost birthday) 70	If Under Months	1 Yr. If Under	er 24 Hrs. Min.
10A	USUAL OCCU	PATION (Give kind of work		BUSINESS OR INDUSTRY			12. CITIZ	EN OF WHAT	COUNTRY?
	e during most of war. Retired	orking life, even if retired)	100		Mary 1a	. d		U.S.A.	
	FATHER'S NAM	E			Marylar			O.D.A.	_
	Har	Try C	Coleman			Sarah Baus	cher		
15.		Ty G. Ever in U. S. Armed For (If yes, give wor or dote		1 6. SOCIAL	17. INFORMANT	Datail Datis	lier	ADDRESS	
	Yes	(If yes, give wor or dote W W II	es of service)	220-05-4160A	Mr. W. Paul	Coleman, 122	3 Circl	le Drive	21227
	18.410	940	19.0	CAUSE OF DEAT	H		8	APPROXIMATE IN	
		OR CONDITION DE	RECTLY		Coronary H	eart disease		a few	years
		I mean the mode of	dying, e.g.,	(A) IMMEDIATE CAU	A CONSEQUENCE OF:				
		esthenio, etc. II meons dication which caused							
	A	NTECEDENT CAUSES		Corona	ry occlusion			Sudde	n
	DISEASES OF	R CONDITIONS, if	any, giving		A CONSEQUENCE OF:				
		above couse (A)	stoting the	(c) Old in	active pulmon	ary tuberculo	sis	A few	years
		11		(~/************************************					
ATION	TO THE DEATH	CANT CONDITIONS CO BUT NOT RELATED TO T ONDITION GIVEN IN PAR	HE TERMINAL						
ERTIFICA		OPERATION 198. CON WAS PER	DITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes	IN CERTIFYING C	FINDINGS AUSES OF C	CONSIDERED DEATH?	
CAL CE	OR CONTRIBUT	T WAS UNDERLYING TING CAUSE OF	21 B hom etc.	PLACE OF INJURY (e.g., ine., form, factory, sheet, of	No n or about 21 C. WHERE DI ffice bldg., INJURY OCCU	D (If in Boltim	ore City, give	e exact location)	
_	21 D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Yeor)		. INJURY OCCURRED ite At Not While At Work		INJURY OCCUR?			
	22. I certify t	that (1) (this hospita			March 3	19 7.2 to Ma	y 1	19	72.
	that (l) (we)	last saw the decease	ed alive an	April 22	197.2an	d that in(my) (aur) a			
			ted abave. (l) (We) (did) (did not) v	riew the bady after dec	oth. Did not	1		
	23A. SIGNATUR	DAYA OLL	R	W h Atte	ending Med.	□ Staff □		E SIGNED	2
	22 C BUYELGIA	17.1- My	M	OEGREE!	3. — 5114610. —	Staff Phys.	Ma	y 2, 197	
	NAME (Ty		В.	Wright	Medical Att	s Buliding ,	Baltim	ore, Md	21201
244	BURIAL CREM	AATION, 248. DATE		AME of CEMETERY of CR	EMATORY 24	D. LOCATION	City, town, o	er county)	(Stote)
	REMOVAL (S	5-4-1	.972 T.	oudon Park Cer	meterv	Baltimore,	Marvlar	nd	
	Burial L. DATE REC'D	BY HEALTH DEPT.		OF REGISTRAR	25C. FUNERAL DIRE	CTOR		ADDRESS	
	MANET	1000 00 A	0.2:0	7 . 7 . 17 . 17	Howard H.	Hubbard, 410	7 Wilke	ens Ave.	21229
1/5	1 FA DEV 1417		EST STREET	10. 1 G. 1					



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approved by the chief medical examiner or his assistant if death occurred to the hospital by a medical examiner. Also, if the direct or contribution of any nature; (2) Body burns; (3) A fracture of ony kind; (4) Undetermined of except where the physician who pronounced deoth was in regularity; and (6) No physician wos in regular ottendance on the deceased pribe obtained before the remains are embalmed or final disposition is made.
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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing couse of death shows: (1) An occident of any nature; (2) Body burns; (3) A fracture of ony kind; (4) Undetermined couse; (5) Deceased was D.O.A. ot a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular of the deceased prior to death). Such written approval must be obtained before the remains are embalmed or final disposition is made.

4-63	2 72	4307		HEALTH DEPARTMENT OF DEAT		72 043	117
INAME OF DEC	CEASED EARL	F 🎘	HARDESTY	2. DA	TE AND HOUR OF DEA	1 timbre	D 44
3. PLACE IN BAI	2620 Washin	or institution	UTION, GIVE STREET	Maryland C. CITY OR TOWN Baltimore E. STREET AND NUMBER	(Where deceased lived. COUNTY	6	admission)
S. SEX	Baltimore,		21230	2620 Washin	9. AGE (In years	If Under 1 Yr. , If Un	nder 24 Hrs.
Male	White	WIDOWED [_ =	1-6-1916	lost birthdoy) 56	Months Doys Haus	Min.
done during most of Retired	warking life, even if retired		Mann	Mary 1a	nd NAME	U.S.A.	COUNTRY?
15. Was Decease	COWN d Ever in U. S. Armed F	nices?	1 6. SOCIAL	Margaret 17. INFORMANT	Deitz	ADDRESS	21230
(Yes, no at unknown	n) (If yes, give war ar da	tes of service)	SECURITY NO. 212-07-6489		E. Hardesty.	2620 Washingto	
DISEASES rise to the UNDERLYIN OTHER SIGNI	LEADING TO DEATH not mean the mode of control of the course of the cours	of dying, e.g., s the disease, d death.) S any, giving stating the ONTRIBUTING THE TERMINAL	0.1	a consequence of: A CONSEQUENCE OF:	luctor H	eart?	yrs,
	F OPERATION 198, CO		VHICH OPERATION	20A. AUTOPSY? (Yes		RE FINDINGS CONSIDERED CAUSES OF DEATH?	
OR CONTRIB	ENT WAS UNDERLYING UTING CAUSE OF y medical examiner)	218, ham etc.)	e, farm, factory, street, a	ffice bldg. INJURY OCCL	OID (If in Balti	mare City, give exact location)
21D. TIME OF INJURY (APPROX.)	(Manth) (Doy) (Year		INJURY OCCURRED Ie At	le 🗂	D INJURY OCCUR?	. /	
tha (I) (we	the tene	sed alive anated abave. (I	2/5) (We) (did) (did nat)	ending Med. Director (23D. ADDRESS	Staff Phys.	aplnian death occurred of 238. DATE SIGNED 238. DATE SIGNED 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	2_
REMOVAL			ME of CEMETERY of CR		4D. LOCATION	(City, town, or county)	(State)
Burial 25A. DATE REC'E	BY HEALTH DEPT.	258. NAME O	edar Hill Cem	25C. FUNERAL DIRE	CTOR	County, Maryla ADDRESS 7 Wilkens Ave.	21229
VS 150-REV. 1/1/	UIL			Howard H	III, HIO	\ MITHERS 11AC.	- 1.22



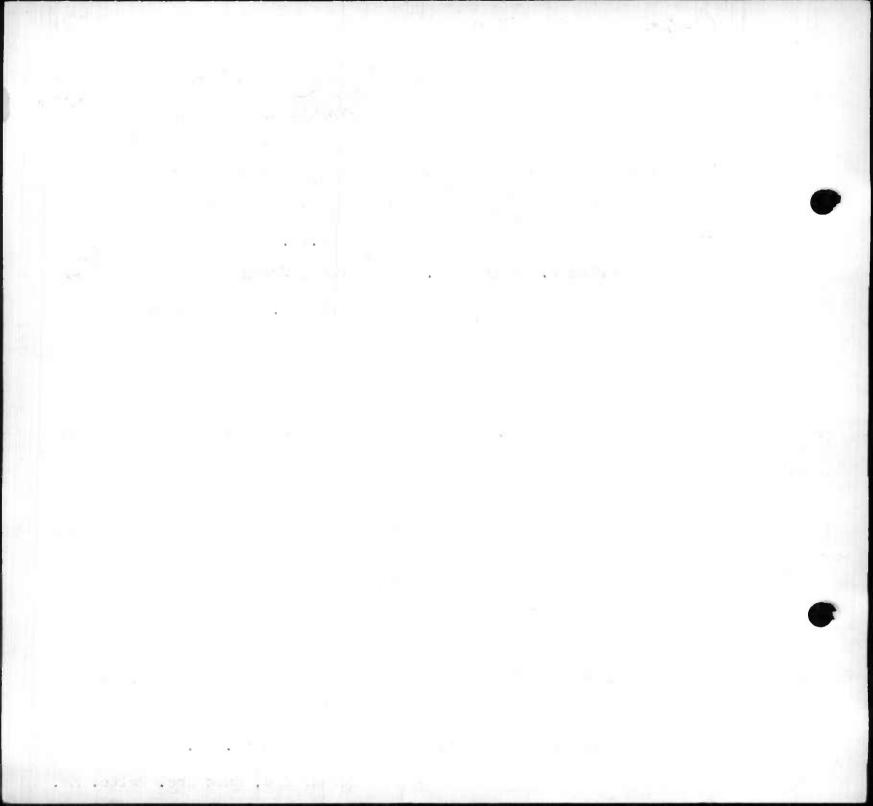
72 04308 BALTIMORE CITY HEALTH DEPARTMENT

1-151 MEDICAL EXAMINER'S C	7- 17	04308
BIRTH NO.		
1. NAME OF DECEASED H. (Type or Print)	OF _	Hour Hour
WALTER DAVENPORT	DEATH Estimoted L	М.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy You PRONOUNCED DEAD	Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)	4 30 19	972 3:11 pm.
OR INSTITUTION	5. USUAL RESIDENCE (Where deceased lived, if institution; reside	
TO St. Agnes Hospital	A. STATE Maryland B. COUNTY	5202
6. SEX 7. RACE 8. MARRIED A NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIM	ITS?
male white widowed Divorced	Balto. YES X	№ Ц
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months, Doys Hours Min. Months, Doys Hours Min.	E. STREET AND NUMBER 1715 Rittenhouse	
11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF	13. FATHER'S NAME	1.00
WHAT COUNTRY?		
North Carolina U.S.A. 14A. USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY	Bruce E Davenport	
done during most of working life, even if retired)	TO MOTHER S MAIDER TARME	
Journeyman Bookbinder	Percy E. Brewer	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)((If yes, give wor or dotes of service) 17. SOCIAL SECURITY NO.	1B. INFORMANT ADDRES	s 21227
	Mr. Bruce E. Davenport, 1715 Rit	
19. CAUSE OF DEAT		APPROXIMATE INTERVAL
377.01		REIWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Batter water-reshards of 14-as	
(A)IMMEDIATE C (This does not mean the mode of dying, e.g., ONE TO OR A	AUSE Fatty metamorphosis of liver	
heart foilure, osthenio, etc. It means the disease,	AS A CONSEQUENCE OF:	
injury or complication which coused death.)		
ANTECEDENT CAUSES (B)		
(D)************************************	AS A CONSEQUENCE OF:	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
(c)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL		
DISEASE OR CONDITION GIVEN IN PART 1 (A).		
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	AS PERFORMED 21. A	UTOPSY? (Yes or No)
		yes
Z2A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY (e.g.,	in or obout 22C. WHERE DID (If in Boltimore City, give exact locat	J
UNDERLYING OR CONTRIB- home, lorm, foctory, street, office	e bldg., etc.) INJURY OCCUR?	
UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?	
OF INJURY	WHILE	
m. WORK AT W		
23.		
l certify that I held an Inquiry Inspection Aut	tapsy 🔀 and that on this basis, death in my opinio	on
resulted fram: Natural causes X Accident Suicid	e Homicide Undetermined manner	
	CHIEF MEDICAL EXAMINER	
ACTUAL Myruha		DATE SIGNED
SIGNATUREM.D	ASSISTANT MEDICAL EXAMINER .	
EXAMINER'S	ASSOCIATE MEDICAL EXAMINER	
NAME (Type) Russell S. Fisher, M.D.		5-1-72
24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY	ar CREMATORY 24D. LOCATION (City, town, or co	ounty) (Stote)
Burial 5-4-1972 Cedar Hill Cer	metery Anne Arundel Count	w Maruland
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRES	S FIGLY LATE
0 - 0 - 0		
MAY 5 - 1972 (Casas & Casas &	Howard H. Hubbard, 4107 Will	tens Ave. 2122
1 / 6 0	3 3 6 9	

- -The second of the second of th Term . Term THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON OF THE PE 99783 897 Ego, at lat to make make it was seen that area of a second to THE PROPERTY OF THE PROPERTY O

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

DALTIMORE CITY	HEALTH DEPARTMENT	2 04309
BIRTH NO. 72 04309 CERTIFICA	TE OF DEATH REG. NO.	04309
1. NAME OF DECEASED (Type or Print)	2. DATE AND HOUR OF DEATH	
COBURN YVONNE ME	ie 5/3/73	1 2 4
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution	usidence before admission
	A. STATE 8. COUNTY	TOTAL DEFORE DEFINITION
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITY OR IOWN D. INSIDE CITY	DRE 2 102
45	D. HASIDE CHI	
73	E. STREET AND NUMBER YES	NO
THE GOOD SAMARITAN HOSPITAL	4710 HAMPNETT B	VE
5. SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE Un years If Und	er 1 Yr., If Under 24 Hrs.
F WIDOWED DIVORCED	61-04-25 47	Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired)	11. 8IRTHPLA CE (State or loreign country) 12. CIT	ZEN OF WHAT COUNTRY
at home	W.Va.	USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	oon
Charles F. Painter Sr.	Pearl Green	
15. Was Deceased Ever in U. S. Armed Forces?	17. INFORMANT	ADDRESS
(Yes, no or unknown) lift yes, give war or doles of service) SECURITY NO.	Charles F. Painter same	
2/9-/8 0/38		
18. 492X 1 CAUSE OF DEATH	4	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DÍSEASE OR CONDITION DIRECTLY LEADING TO DEATH	P.	1 4
(A)IMMEDIATE CAU	SE Rep. arrest	immediate
heart failure, asthenia, etc. It means the disease,	A CONSEQUENCE OF:	
injury ar camplication which caused death.)	£ 1	
ANTECEDENT CAUSES	Emphysema A CONSEQUENCE OF:	
DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS	A CONSEQUENCE OF:	
rise Ia lhe abave cause (A) sloting the UNDERLYING CONDITION lost. (C)		
\\-/		
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	***************************************	
194 DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No) 20 B. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF	CONSIDERED
198. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING TO 121R. PLACE OF INCLINE	IN CERTIFYING CAUSES OF	DEATH?
OR CONTRIBUTING CAUSE OF	or obout 21 C. WHERE DID (If In Boltimore City, give	e exoct focotion)
DEATH (nolity medical examiner)	ice older Indokt OCCOK	
O 21D. TIME (Month) (Doy) (Year) (Hourt 21E, INITIES OCCURRED	21F. HOW DID INJURY OCCUR?	
While At Not While		
AT WOR		
22. I certify that (1) (this hospital) attended the deceased from	19ta	19
that (I) (we) last saw the deceased alive on	19ond that in(my) (our) opinion dea	th occurred on the date
and hour and fram the causes stated above. (1) (We) (did) (did not) vi	ew the body ofter deoth.	
23A. SIGNATURE	23 B. DA	E SIGNED
	Iding Med. Staff Phys. 5.3	· 72
23C. PHYSICIAN'S	3D. ADDRESS	70
NAME (Type)		
24A. BURIAL CREMATION, 24B. DATE 24C, NAME of CEMETERY OF CREATERY	MATORY 24D LOCATION	
Burial 5/6/72 Dulaney Valle	Tony, lowing t	or county) (Slote)
25A. DATE REC'D BY HEALTH DEPT. 258 NAME OF REGISTER	25C. FUNERAL DIRECTOR	ADDRESS
MAIO NIE	Leonar d J. Ruck Inc. Ba	lto. Md.
/S 150-REV. 1/1/68		



IMPORTANT FUNERAL DIRECTOR: chief medical

pital and of death Deceased

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death

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who

fracture of any

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any nature; (2) Body burns;

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the body was released to the hospital

of

An accident

shows: (1)

8

approved

(4) Undetermined cause; (5) or contributing cause

BALTIMORE CITY HEALTH DEPARTMENT 72 04310 72 04310 CERTIFICATE OF DEATH Such I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) POLEMIS . ANTHONY VAY 2.3 death. 4. USUAL RESIDENCE (Where deceased lived. It institution: residence before admission) 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD B. COUNTY FULL NAME OF HOSPITAL OR INSTITUTION IIF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) MARYLAND C. CITY OR TOWN D. INSIDE CITY LIMITS? 0 BALTIMORE YES X NO prior ST. AGNES HOSPITAL E. STREET AND NUMBER 1710 CHILTON ST. 9. AGE (In years lost birthday) If Under 1 YE. If Under 24 Hrs. 6. RACE & DATE OF BIRTH 5. SEX 7- MARRIED X NEVER MARRIED BE deceased Hours CAUCASIAN WIDOWED DIVORCED 2 10A USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE ISlole or loreign country 12. CITIZEN OF WHAT COUNTRY? disposition done during most of working life, even if relired) USA SUPERVISOR PAINTING GREECE Was the 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME LXXXXXXXXXXXXXXXX Leonidas
15. Was Deceased Eyer In U. S. Annot Forces? Polemis EUGINA (LUCAS 6 7. INFORMANT or final (Yes, no or unknown! Uf yes, give war or dates of service) SECURITY NO. attendance 053144 CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed 1 Whs. LEADING TO DEATH (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: heart failure, asthenia, etc. It means the disease, regular Injury or complication which caused death.) ANTECEDENT CAUSES 910 DISEASES OR CONDITIONS, If any, giving DUE TO, OR AS A CONSEQUENCE OF: rise to the above cause (A) stating the E physician UNDERLYING CONDITION look the remains Was CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL physician DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19A CONDITION FOR WHICH OPERATION WAS PERFORMED RULE SHOW 20A AUTOPSTS (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? the 14.24-72 before 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID home, form, factory, street, office bldg, INJURY OCCUR? (If In Boltimore City, give exact location) where MEDICAL No DEATH (notify medical examined obtained 9 21 D. TIME OF INJURY (Houd 21F. HOW DID INJURY OCCUR? (Month! (Doy) (Year) 21E INJURY OCCURRED Not While (except While At (APPROX.) pup Work At Work 22. I certify that (1) (this hospital) attended the deceased from APRIL 20 19 72 to MX以V eath); that (1) (we) last saw the deceased alive on MAY 1 and that in (i)(y) (our) opinion death occurred on the date eq hospital and hour and from the causes stated above. (1) (We) (did) (did/n/t) view the body after death. must 23A. SIGNATORE 238, DATE SIGNED 0 .D Attending Phys. 1-72 10 Director approval 6 23D. ADDRESS 23C. PHYSICIAN'S prior S +6 NAME (Type) BAMR OONG LERD BOON 24A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY OF CREMATORY pespese D.0 5/6/72 Greek Orthodox Cemetery Baltimore Was 25C. FUNERAL DIRECTOR 258. NAME OF REGISTRAR

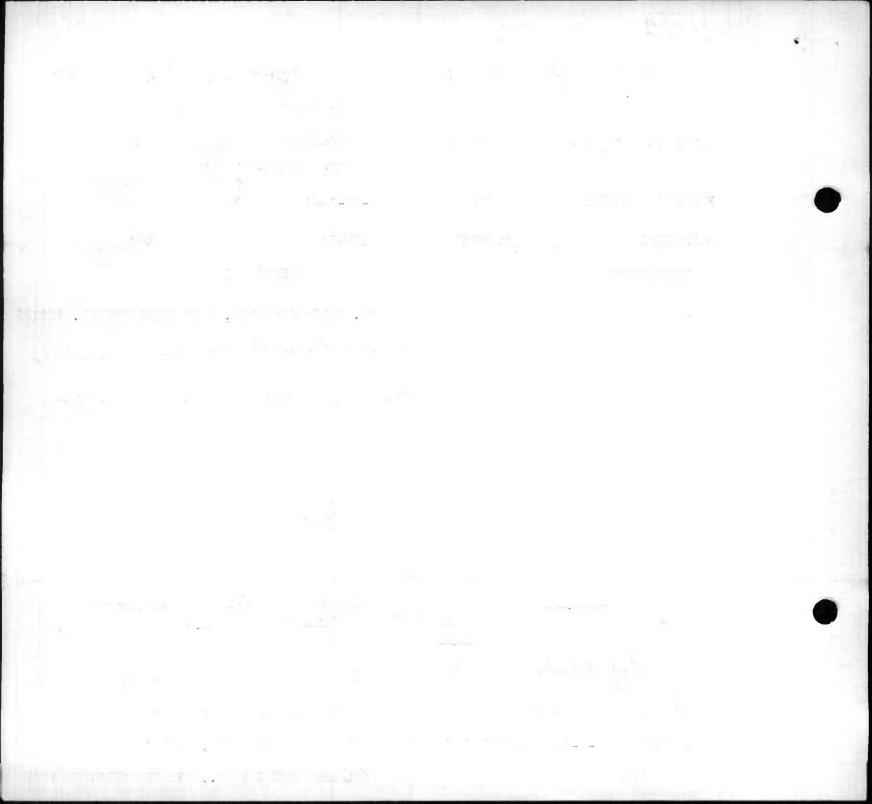
25A. DATE REC'D BY HEALTH DERT. 5 Leonard J. Ruck Inc. 5305 Harford Rd. VS 150-REV. 1/1/68

chert marinest 1100 Clay Cal

all date on a soul of the

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the written approval must be obtained before the remains are embalmed or final disposition is made.

	1010	140	4011	BALTIMORE CITY	HEALTH DEPARTMENT		101	0.40	1 60
1	BIRTH NO.	12 0	4311	CERTIFICA	TE OF DEATH	REG. NO	12	0431	T
	Type or Print)					ID HOUR OF OEATH			_
	3. PLACE IN BALTI	MORE MARYLANO, W	ACOB		4. USUAL RESIDENCE (Whe	7 3, 197	2	4	P M.
					A. STATE B. COUN	ITY	sillution; los	idence before	odmission)
	FULL NAME OF HOSPITAL OR NSTITUTION	ADDRESS OR LOCA	ATION)	TUTION, GIVE STREET	MARYLAND c. CITY OR TOWN	D. INSI	DE CITY LIN	AITS?	88
	5344	Melour	- an	mue	BALTIMORE E. STREET AND NUMBER	LANTONIE	YES	NO]
5	- SEX 6	. RACE	7. MADDIED	NEVER MARRIED	5344 NELSON	9. AGE (In years	If Under	1 V. 16 H.	idei 24 His.
	MFEMALE	WHITE	WIDOWED		4-14-1894	lost birthdoyl 78	Months [Doys Hours	Min.
	OA. USUAL OCCUP	ATION (Give kind of work			11. BIRTHPLACE (Stote or fore	gn country)	12. CITIZE	N OF WHAT	COUNTRY?
10		orking lile, even if retired)	AT	HOME	LATRITA		USA		
1	HOUSEWIFE 3. FATHER'S NAMI	E	I AI	HOME	LATVIA 14. MOTHER'S MAIDEN NAM	ME	USA		
	ELEC K	ROOP			BE S SIF	?			
1	5. Was Decensed E	ver in U. S. Armed For	ces?	1 6. SOCIAL	17. INFORMANT	•		ADORESS	-
	NO	If yes, give wor ar date	s of service)	SECURITY NO.	MD TOWTH TACO	CON 4000 C			404475
1	18. // / /	. ()		CAUSE OF DEATH	MR. IRVIN JACOI	35UN, 4026 S	TARBRU	APPROXIMATE	
		OR CONDITION DI	RECTLY	4.	cute Mycardial Interction Immedia				
		EADING TO DEATH	ما معادله	/ANIMMEDIATE CAU	SE) /F) 47C) (A	_	(me me	Livid =
	hoort foilure, as	sthenia, etc. II means	the disease	, DOL 10, OK AS	CONSEQUENCE OF:				
	ANTECEDENT CAUSES ANTECEDENT CAUSES Attornalerita Hypothesiac CVD)	6 m	2.
H	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF:							0	
	use to me above canze (WI stating life								
	UNDERLYING CONDITION lost, (c)								***********
	OTHER SIGNIFIC	ANT CONDITIONS COS BUT NOT RELATED TO TH	NTRIBUTING						
111	TIDISEASE OR COL	NOTION GIVEN IN PAR	T 1 (A).	WHICH OPEN TON	120 A A LIEGRANA (V N	V CAR III WAS			
- CALLER	19A. OATE OF O	WAS PERF	ORMEO	WHICH OFEKATION	20 A. AUTOPSYT (Yes of No	10 CERTIFYING CAU	ISES OF DE	ONSIOEREO	
14 CF	OR CONTRIBUTE	WAS UNDERLYING CAUSE OF	211 her old	B. PLACE OF INJURY (e.g., in ne, form, foctory, street, all)	or obout 21 C. WHERE DID	(If In Boltimore	City, give	exect location	1
	21 D. TIME 1/	Monthl (Ooy) (Year)	(Hour) 21 E	INJURY OCCURRED	21F. HOW OLO INJI	URY OCCUR?			
=	(APPROX)		W	hile At Not While					
22 1 applies the (1) (state to real) and 1 to 1							10		
	444 4 144	st sow the decease		2-25	c/Mg.	ot In (my) (our) opin	lan death		19
				1) (Wa) (did not) vi	ew the body ofter death.	- intuit fames bin	.on death	occurred o	n the dote
	23A. SIGNATURE		A .				23 B. DATE	SIGNEO	
H	/	to star	5	Affer Phys.	Med. Director	Stoff Phys.	MAL	2 14	977
	23C. PHYSICIAN'	s el		DEGREE	30. ADORESS		MAY	13/1	1/1
	DR SI	DNEY SCH	ERL15	DEGREE	ILE. CHA	SE STRE	ET		
2	REMOVAL ISPE	ATION, 24B, DATE		AME OF CEMETERY OF CRE	MATORY 24D. LO	CATION (City	, town, or	countyl	(Stotel
	BURIAL		PRO	GRESSIVE RUDOM	ER VEREIN RO	SEDALE, MAR	YLAND		
2	MAY 5 - 1	972 Kalen	SSETMANTE	OF REGISTRAR	SOU LEVINSON		REIST	ADDRESS	N ROAD
V	\$ 150-REV. 1/1/6B		1			,			



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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing chuse of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undefermined chuse; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendanced on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	1			BALTIMORE CITY	HEALTH DEPARTM	ENT	
BI	MM No. 63	32 72 (04312	CERTIFICA	TE OF DEA	TH KEG. NO	72 04312
	NAME OF DEG	WASED WARTY.	ALANS	RICHARD	2. 0	UAV 2.1972	1105/04
3.	PLACE IN BAL	TIMORE MARYLAND,	WHERE PRONO	UNCED DEAD	4. USUAL RESIDENCE	CE (Where deceased lived, If i	nstitution: residence before admission)
III H	ULL NAME OF OSPITAL OR ISTITUTION	(IF NOT IN HOSP ADDRESS OR LO	ITAL OR INSTIT	IUTION, GIVE STREET	A. STATE M	BAITIMO CE	SIDE CITY LIMITS?
		shins Hop	KINIS	Hosh	14 17	ore	YES NO P
	33"	JANS 1107	7(17)2	7	E. STREET AND NU		01
5,	SEX	6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE Un years	
	MALE	WHITE	WIDOWED		16-12-1	J lost birthdoyl 56	II Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10	A. USUAL OCC	UPATION (Give kind of we working life, even if retired	K TOR KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote	o or fareign country)	12. CITIZEN OF WHAT COUNTRY?
1	MERCHA			RETAIL	ROSTON N	MASSACHUSETTS	USA
13	FATHER'S NA			REIRIE	14. MOTHER'S MAID		JUSA
the sale and	Sw	ARTZ, H	ARRY		ZPNT	. Mollie	
15. (Y.		Ever in U. S. Armed F.		16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	YES	W.W. II AR		021-10-3050	MRS. PAULTN	IE SWARTZ 3409	OLD COURT ROAD, #8
	18. 6 7/	, 9 1		CAUSE OF DEAT		Onitital 9	APPROXIMATE INTERVAL
		SE OR CONDITION D		11	11.3 00 110	T. Allect	BETWEEN ONSET AND DEATH
	The second secon	LEADING TO DEATH	•	(A) IMMEDIATE CAL	The matin	along alrest	,
	heart failure,	nat mean the mode c asthenia, etc. It mean	s the disease,	DITE TO OD AS	A CONSEQUENCE OF:		
	1	aplication which cause		mil	mus Amel	holie acideri	
		ANTECEDENT CAUSE		(B) // (O)	unarma	mode actains	
	rise to the	OR CONDITIONS, if a above cause (A) G CONDITION last	any, giving staling the	(c) Who	a consequence of	renal fally	v
		11				/	
CATION	TO THE DEAT	FICANT CONDITIONS CONTROL NOT RELATED TO ONDITION GIVEN IN PA	THE TERMINAL	Cersh	ris c Ejopi	cageal varices	Oblading
ERTIFIC	3 4-2	OPERATION 198-CO	MULGICAL	WHICH OPERATION	LUB YEL	S of No. 208. IF YES, WERE IN CERTIFYING CA	FINDINGS, CONSIDERED USES OF DEATH?
CAL CE	OR CONTRIBU	T WAS UNDERLYING		PLACE OF INJURY (e.g., inc., form, foctory, street, of	or obout 21 C. WHERE	DID (If in Baltimor	e City, give exoct locotion)
EDI	OF IN HIEV	(Month) (Day) (Year	(Hour) 21 E	INJURY OCCURRED	21F. HOW E	DID INJURY OCCUR?	
2	(APPROX.)		Wh	ile At Work			
	22. I conify	that (1) (this hospite		he deceased from	tau 1	10 12	142 :72
	that (D (we)	lost sow the deceas	ed alive on	May	1 10	17 410	nion death occurred on the date
				(We) (did) (did not) v			mon death occurred on the date
	23A. SIGNATA	RE - / CA	7.00 00010. (.	A Triestand Tala Holly	iew the body offer a	deotn.	23 PO DATE SIGNED
	1X li	ord K. 18	me	OL.	nding Med.	Stoff Physical	MA12,1972
	23C. PAYSICIA	N'S voel		DEGREE	3D. ADDRESS		10 mg - 11 10
		David	Bone,	M.D.	The Johns	Hopkins Hos	pital
24	REMOVAL (S BURIAL	MATION, 248, DATE 5-4-72	1	AME OF CEMETERY OF CRE	MATORY	REISTERSTOWN,	ty, town, or county) (Stote) MARYLAND
25		BY HEALTH DEPT.		OF REGISTRAR	25C. FUNERAL DI	RECTOR	O REISTERSTOWN ROAD
VS	150-REV. 1/1/6	A Contract	- 1 3 10 11 13 A.	. a. M. A		-	

- - 0 41.00 - Dr. Bright

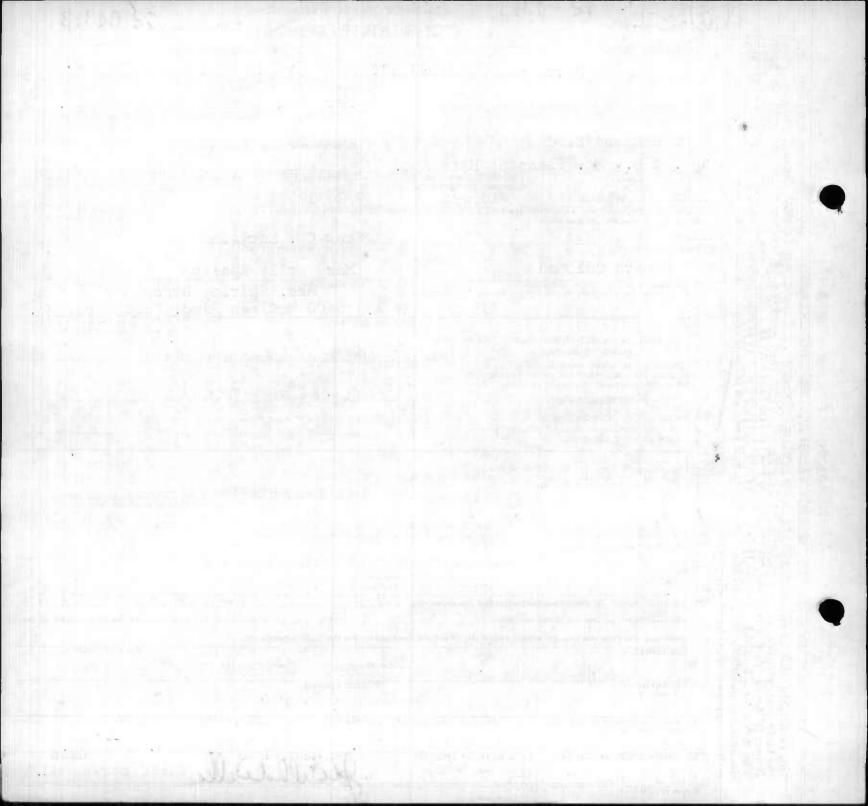
THE PROPERTY AND PARTY AND

VIL 1414, II-AMWY 1 - 027-10-7040 PRESIDENCE SOMET, SECTION COMMISSION

A PARTY OF THE PAR

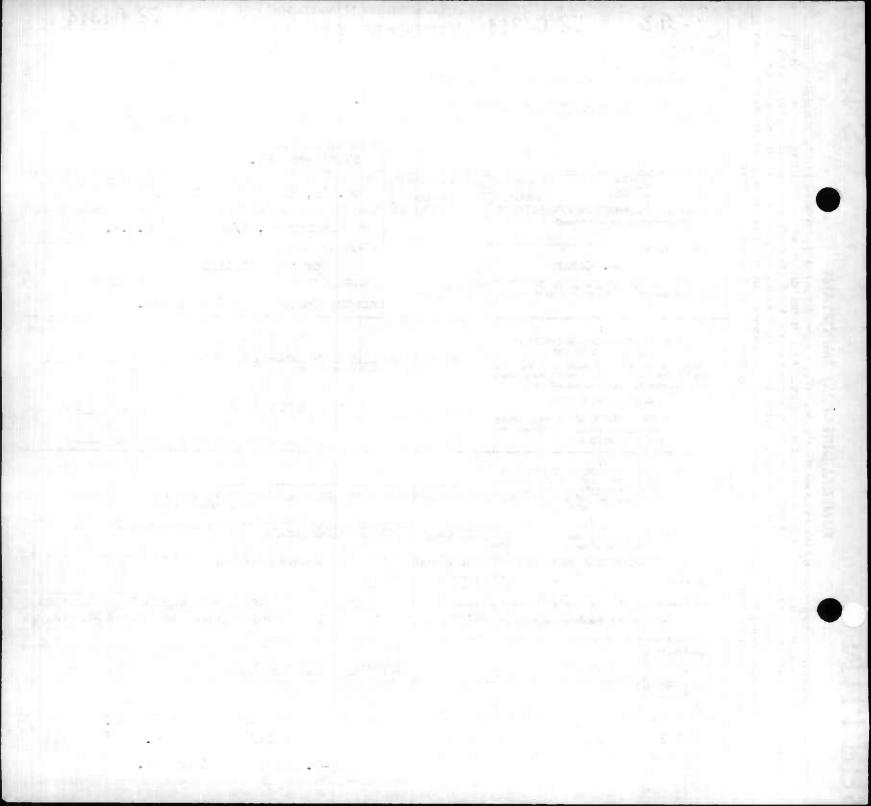
METERIAL NO. 100 PROPERTY OF

11.252- 12 04313			1	. // 119.51.5
M.E. CASE NO.	CERTIFICA	TE OF DEATH	Registered N	72 04313
I. NAME OF DECEASED Type or Print)		2, DATE A	ND HOUR OF DEAT	
Harriett	WIGGING	TON May 2	, 1972	9 P.
S. PLACE OF BEATH IN BALTIMORE, MARILAND		A. STATE B. COUL	NTY	Institution; residence before of
FULL NAME OF (If not in hospital or institute oddress or location)	tion, give street	Maryland	Kent	490
INSTITUTION		C. CITY OR TOWN (IF or	utside city limits, writ	e RURAL ond give township)
6500 McClean Blvd		D. STREET ADDRESS (If	rural, give location)	
Apt. 2 B. Mt. Pleasa	nt Hgts Apt.			
	RIED, NEVER MARRIED OWED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under Months: Doys Hours
temale white	Widowed	7/24/1904	67	
IDA, USUAL OCCUPATION (Give kind of work 10B, KIN done during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	eign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Kent Co. Ma	rvalnd	USA
3. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
Edward Coleman		Mary Emily	Apsley	
5. Was Deceased Ever in U. S. Armed Forces? Yes, no arunknown](III yes, give war or dales of serv	1 6. SOCIAL SECURITY NO.	17. INFORMANMIS. S	hirley B	runo
no	213 20 4329	A. 6500 McC1	ean Blvd	. Baltimore,
1B./7UX 1		OF DEATH	,	INTERVAL BETW
DISEASE OR CONDITION DIRECTLY	1)	+150		
LEADING TO DEATH (This does not meon the mode of dying,	e.g., DUE TO	udstate la	(Cenoma P	un e
heart foilure, osthenio, etc. It means the disc	eose,			
injury or complication which caused deoth.)	eose,	or een oma	Poreas	T
	(B) DUE TO	oremoma	Pore as	<i>T</i>
injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, girise to the above couse (A) stating	(B)OUE TO	oremoma	Poreas	<i>*</i>
injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, gi	(B)OUE TO	or een oma	Poleas	*
injury or complication which caused deoth.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, girise to the above couse (A) stating UNDERLYING CONDITION lost.	(B) DUE TO living the (C)	or een oma	Breas	<i>*</i>
Injury or complication which caused deoth.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, gives to the above couse (A) stating UNDERLYING CONDITION tast. OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	(B) DUE TO IVING (C)			
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Injury or complication which caused deoth.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, give to the above couse (A) stating UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY (APPROX.) 22. I certify that (I) (Hits hospitat) attends that (I) (we) lost saw the deceased alive and hour and from the causes stated above 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type)	UTING THE FOR WHICH OPERATION 21 BYPLACE OF INJURY (e.g., home, form, factory, street, etc.) 21 E. INJURY OCCURRED While A1 Not White Mark Nork A1 Work A2 Work No. A4	20A. AUTOPSY? (Yes or N in or obout 21C. WHERE DID INJURY OCCUR? 21F. HOW DID IN 19 Ond to the obout 21 on	O) 208. IF YES, WEI IN CERTIFYING ((If in Boltin JURY OCCUR? 19 7 to	Depinion death occurred on 238. DATE SIGNED 5/2/72 BACT / MGR F. (City, lown, or county)
injury or complication which caused deoth.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, give to the above couse (A) stating UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED TO CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21A. ACCIDENT WAS UNDERLYING OF INJURY (APPROX.) 22A. Electify that (I) (hits hospital) attended that (I) (we) lost saw the deceased alive and hour and from the causes stated above 23A. SIGNATURE 22A. BURIAL CREMATION, 24B. DATE 23C. PHYSICIAN'S NAME (Type) 24A. BURIAL CREMATION, 24B. DATE 25 / 6 / 72 Western Control of the causes stated above 25 / 6 / 72 Western Control of the causes stated above 25 / 6 / 72 Western Control of the causes stated above 25 / 6 / 72 Western Control of the causes stated above 25 / 6 / 72 Western Control of the causes stated above 25 / 6 / 72 Western Control of the causes stated above 25 / 6 / 72 Western Control of the causes stated above 25 / 6 / 72 Western Control of the causes stated above 25 / 6 / 72 Western Control of the causes stated above 25 / 6 / 72 Western Control of the causes stated above 25 / 6 / 72 Western Control of the causes stated above 25 / 6 / 72 Western Control of the causes stated above 25 / 6 / 72 Western Control of the causes stated above 25 / 6 / 72 Western Control of the causes at the causes stated above 25 / 6 / 72 Western Control of the causes at the cause of the cause of the causes at the cause of the causes at the cause of the	UTING THE FOR WHICH OPERATION 21B/PLACE OF INJURY (e.g., home, form, factory, street, etc.) 21E INJURY OCCURRED While At Not White At Work Not White At Work Jed the deceased from	20A. AUTOPSY? (Yes or N in or obout 21C. WHERE DID in July OCCUR? 21F. HOW DID IN 19 Ond to 19 O	ON 208. IF YES, WEI IN CERTIFYING ((If in Boltin DURY OCCUR? 19? to	RE FINDINGS CONSIDERED CAUSES OF DEATH? Thore City, give exact locotion) 19 19 19 238. DATE SIGNED 5/2/72 BACT / MORRE
injury or complication which caused deoth.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, give to the above couse (A) stating UNDERLYING CONDITION tost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY (APPROX.) 22. I certify that (I) (Wils hospital) attended that (I) (we) lost saw the deceased alive and hour and from the causes stated above 2BA. SIGNATURE 23C. PHYSICIAN'S NAME (Type) 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specily) Burial 5/6/72 We 25A. DATE REC'D BY HEALTH DEPT. 25B. NA	UTING THE FOR WHICH OPERATION 21 BYPLACE OF INJURY (e.g., home, form, factory, street, etc.) 21 E. INJURY OCCURRED While A1 Not White Mark Nork A1 Work A2 Work No. A4	20A. AUTOPSY? (Yes or N in or obout 21C. WHERE DID INJURY OCCUR? 21F. HOW DID IN 19 Ond to the obout 21 on	ON 208. IF YES, WEI IN CERTIFYING ((If in Bollin JURY OCCUR? 19? to	Depinion death occurred on 238. DATE SIGNED 5/2/72 BACT / MGR F. (City, lown, or county)



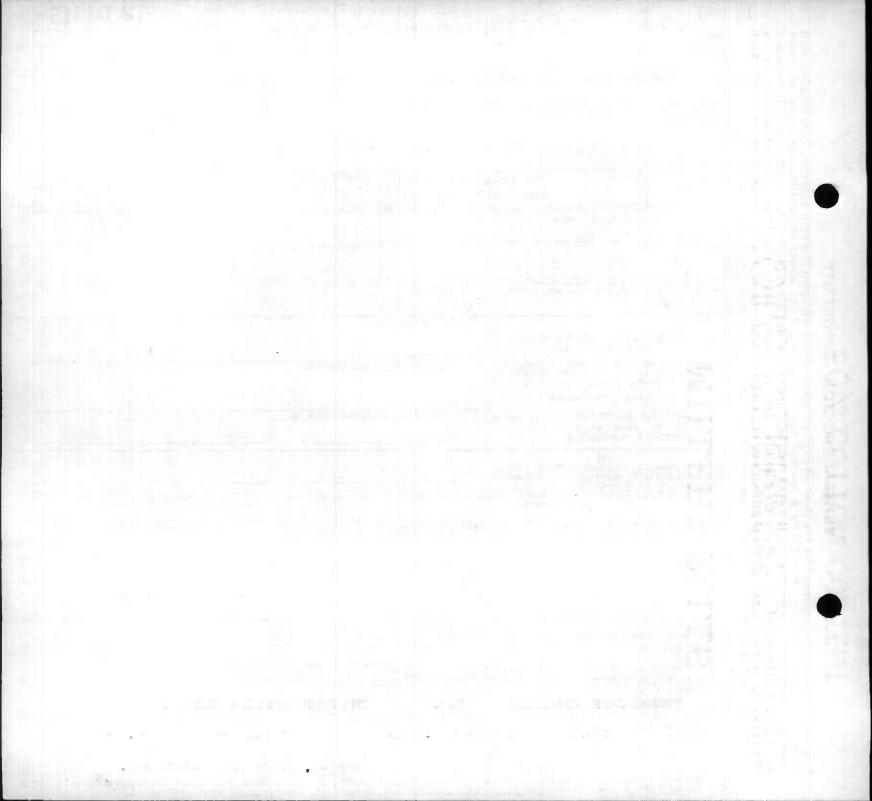
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	0 -00	BALTIMORE CITY	HEALTH DEPARTMEN	T	72 04314
BI.	M NO. (1) 10 10 10 10 10 10 10 10 10 10 10 10 10	14 CERTIFICA	TE OF DEAT	H REG. NO	74 04314
1.1	NAME OF DECEASED RIS COL	HEN	2. DAT	E AND HOUR OF DEAT	2, 2%
	PLACE IN BALTIMORE, MARYLAND, WHERE PRO			Where deceased lived. If OUNTY	institution: residence before admission)
HO	LL NAME OF STITUTION (IF NOT IN HOSPITAL OR INSTITUTION)	SHUHON, GIVE STREET	c.city or town Baltimore	D. IN	ISIDE CITY, LIMITS?
	37. Mickey	NAME:	E. STREET AND NUMB		TES NO
5.	F Black WIDOW		8. DATE OF BIRTH Aug. 22, 68	9. AGE (In years lost birthdoy)	Menths Days Hours Min.
	USUAL OCCUPATION (Give kind of work 108, KIND eduring most of working life, even if refired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole of 書框 Greenwood		12. CITIZEN OF WHAT COUNTRY
13.	FATHER'S NAME A. Cohen		14. MOTHER'S MAIDEN Doroth	NAME y Williams	
15. (Yo	Was Deceased Ever in U. S. Armed Forces? s,no or unknown) (II yes, give war or dates of service)	SECURITY NO.	17. INFORMANT Dorothy Cohen	1748 Park	ADDRESS
EDICAL CERTIFICATION	DEATH (notify medical examined) 21 D-TIME (Month) (Doy) (Year) (Hous)	ing the (C)	A CONSEQUENCE OF: A CONSEQUENCE OF: 20 A AUTOPSY? (Yes n or about 21 C. WHERE D ffice bidg, INJURY OCCU	ID (If In Boltim	E FINDINGS CONSIDERED CAUSES OF DEATH?
ME	OF INJURY IAPPROX)	While At Not While At Work	• 🗆	10 72- ta	4/30 1972
	22. I certify that (i) (this hospital) attended that (i) (we) last saw the deceased alive and hour and from the causes stated above	on 2pm 4/30/		nd that in (my) (aur) a	pinian death accurred by the date
	23A. SIGNATURE Ligenia B. Utzure 23C. PHYSICIAN'S NAME (Type) EUGENIA B. UTZL	M. D. DECARE	ending Med. [Stoff Phys.	23B, DATE SIGNED 4/38/72
24	A. BURIAL CREMATION, 24B, DATE 240 REMOVAL (Specify)	C. NAME OF CEMETERY OF CRI		altimore	(City, town, or county) (State)
25	A. DATE REC'D BY HEALTH DERT. 258. NA	AE OF REGISTRAR		CTO BO2 Madisor	
I L	150-REV. 1/1/68				

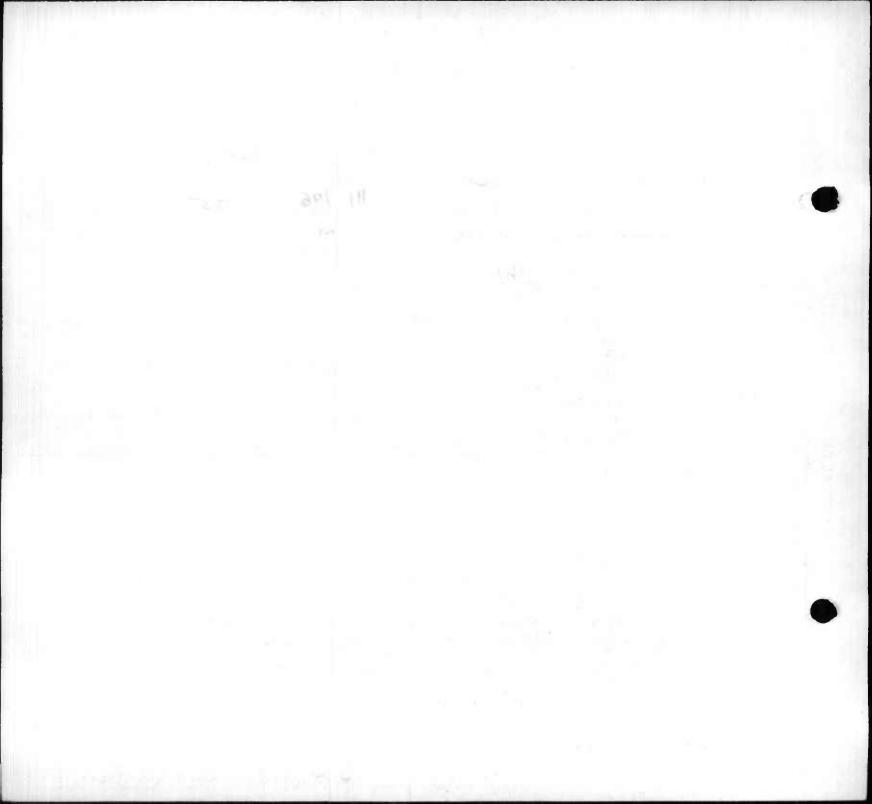


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1	7 -11		HEALTH DEPARTMENT		72 04315			
		15 CERTIFICA	TE OF DEATH	REG. NO.	72 03010			
(Ty	PE OF PRINT CHAMBERS, 3	SALLY	30 /	April 72	1240 A.M.			
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PR	ONOUNCED DEAD	4. USUAL RESIDENCE (Whe	re Veceased lived. If in	stitution: residence before admission)			
H	ULL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)	ISTITUTION, GIVE STREET	C. CITY OR TOWN	ID. INS	DE CITY LIMITS?			
1	Shire Lance 1	1000.00	BALAMORE		YES NO NO			
-	JOHNS 496KINS F	HOSPIO HZ	E. STREET AND NUMBER	BURTON	SF			
	F N WIDON	WED DIVORCED	5-23-16	lost birthdoyl	II Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.			
don	LUSUAL OCCUPATION (Give kind of work 10B, KIN to during most of working life, even if refired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	ign country)	12. CITIZEN OF WHAT COUNTRY?			
13.	FATHER'S NAME		14 MOTHER'S MAIDEN NA	ME				
	McCULLUM GASK	IUS	CADE P	n ARY				
S, (Ye	Was Deceased Ever in U. S. Armed Ferces? s,no ar unknown) Uf yes, give war or dates of servi	ILA SOCIAL	17. INFORMANT OHART	/	ADDRESS			
	18. / /7 // ×	CAUSE OF DEATH			APPROXIMATE INTERVAL			
	DISBASE OR CONDITION DIRECTLY				BETWEEN ONSET AND DEATH			
	LEADING TO DEATH (A) IMMEDIATE CAUSE METASTATIC BREAST CANCER Y 41							
	heart failure, asthenia, etc. It means the disease.							
	injury or complication which caused death.)							
	ANTECEDENT CAUSES	(B)	A CONSEQUENCE OF:	****				
	DISEASES OR CONDITIONS, if any, ginse to the above cause (A) stating UNDERLYING CONDITION last.	ine	A CONSEQUENCE OF:					
	11	(c)						
MOLL	OTHER SIGNIFICANT CONDITIONS CONTRIBUTI TO THE DEATH BUT NOT RELATED TO THE TERMIN	NG NAL						
FICA	DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19B CONDITION F WAS PERFORMED	OR WHICH OPERATION	20A. AUTOPSY? IVes or No	20B. IF YES, WERE	FINDINGS CONSIDERED USES OF DEATH?			
ERTIFI	2		res	IN CERTIFIED CAL	DSES OF DEATH!			
CALC	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH Innity medical examined	21B PLACE OF INJURY (e.g., in home, form, foctory, street, off etc.)	or obout 21 C. WHERE DID	(If In Boltimore	City, give exoct location)			
643	21D-TIME (Month) (Doy) (Year) (Hour)	21E INJURY OCCURRED	21F. HOW DID INJ	URT OCCUR?				
Z	(APPROX)	While At Not While						
	22. I certify that (I) (this hospital) attend		28 April	972 to A	and 30 1972			
	that (1) (we) last saw the deceased alive	1 1 2			ion death accurred on the date			
	and hour and fram the causes stated abov		ew the bady after death	//, (oai) abii	Jeans decared on the date			
	23A. SIGNATURE	1, (10) (10) (10) (1)	outy uner uedin.		238, DATE SIGNED			
	Musin Hollite	Phon	ding Med.	Stuff Phys.	#/30/72			
	230-PHYSICIANS NAME (Type)	DEGREE	3D. ADDRESS	,				
	THOMAS JACK SCHNITZER	M. D.	THE JOHNS HOPE	KINS HOSPITA	L			
24/	BURIAL CREMATION, 248, DATE 24	c. NAME of CEMETERY of CREATERY TO CREATERY OF CREATER	MATORY 240. LC		y, town, or county) (State)			
	MAVE - 4070 OA A O Z	ME OF REGISTRAR	25C. FUNERAL DIRECTOR		n Ave.			
VS	150-REV. 1/1/68	NOSE MA	7.7.1.					



6	BALTIMORE CITY	HEALTH DEPARTMENT
BIF	72 04316 CERTIFICA	TE OF DEATH REG. NO. 72 04316
1,1	NAME OF DECEASED	2. DATE AND HOUR OF DEATH
3.	PLACE IN BALTIMORE MARTLAND, WHERE PRONOUNCED DEAD	. 5/3/72 2.10 P.M. 4. USUAL RESIDENCE (Where deceased lived, Il institution: residence before admission)
		IA. STATE B. COUNTY
HO	JLL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET OSTITUTION STITUTION	C. CITY OR TOWN D. INSIDE CITY LIMITS?
1	HURIH HOME & HOSPITAL	BALTIMORE YES NO
-	35 look. BROAD WAS.	E. STREET AND NUMBER 3220 Guilf&d AvE. 21218
-		
> ₀ ;	SEX 6. RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE (in years last birthday) 13/96 10st birthday) 11 Under 1 Yr. If Under 24 Hrs. Manths Days Hours Min.
104	A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State as fareign country) 12. CITIZEN OF WHAT COUNTRY?
don	re during most of working lile, even if setired) NECTICAL CLERK STATE	MD. U.S.A
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	EDWARD M. BURACKER.	CORNEIIA MANNING.
	Wes Deceased Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT ADDRESS
	No No SECURITY No. 213 28 725	17. INFORMANT ADDRESS Medical chell
_	18. // 2 /7 . 7 CAUSE OF DEATI	APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH
	LEADING TO DEATH 1This does not mean the mode of dying, e.g., OUT TO OF AS	se (energo varculal Insufficions
	heart foilure, ashenio, etc. Il means he disease, injury ar camplication which coused death.	ACONSEQUENCE OF: ARTERIO SCIERRIC CERESTO VEG CUITIL DIS.
	ANTECEDENT CAUSES	Anterio scional como of as an
	DISEASES OR CONDITIONS, if any, giving (8)	ARTERIO SCILLARIC COUSTO DESCRITA OS. + premaia A CONSEQUENCE OF:
	UNDEKLYING CONDITION lost. (C)	
NO	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
ATI	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
CERTIFICATION	19A-DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPST? (Tes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
CER	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g.,)	n of about 21 C. WHERE DID (If in Boltimare City, give exact lacotion)
CAL	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g.,). OR CONTRIBUTING CAUSE OF home, form, foctory, street, of etc.)	fice bldg. INJURY OCCUR?
	21D-TIME (Manth) (Doy) (Year) (Hand 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
¥	APPROXI	
	that (1) (we) last sow the deceased alive on	4 1 3) 7 2 19 to 5 13 19 7 7 2 19 7 7 2 19 19 7 7 2 19 19 19 19 19 19 19 19 19 19 19 19 19
	and haur and fram the causes stated above. (1) (We) (did) (did not) v	
	23A. SIGNATURE	238, DATE SIGNED
	Dh.	nding Med. Staff Director Phys.
	23C. PHTSICIAN'S	3D. ADDRESS
	27. 2.16 HAZAK. 14	CHURIN NOME & NOTS: ESL
244	BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY OF CRE	
0		EM. BALTO, MD.
25A	A DATE REC'D BT HEALTH DEPT. 25B. NAME OF REGISTRAR	250 FUNERAL DIRECTOR ADDRESS
	MAY 5 = 1972 (6645 E. 100000, 260)	Tartley Halle- 2334 Jugarson ST.
75	150-REV. 1/1/68	Toward In Joseph .



25C. FUNERAL DIRECTOR

6224 APPRESSEERN AVE.

Balto., 21224, Md.

258 NAME OF REGISTRAR

William M. D.

25A. DATE REC'D BY HEALTH DEPT.

MAY 5

VS 151-REV. 1/1/68

TRUE , E SHOW, . And the restriction Maria 12 Same and the same The state of the s . Wing at Land W 6 6 6 6 4 4 . 1977 15 15

	12 - 1 - 2:0:	BALTIMORE CITY	HEALTH DEPARTMENT	100	Harry Track
BIK	1)-200 72 0431	8 CERTIFICA	TE OF DEATH	REG. NO.	16318
	AME OF DECEASED	157	2. DATE AND I	100 P DEATH	18 M. M.
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	A. STATE B. COUNTY	eceased lived. If institution	residence before admission)
HC	LL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)	STITUTION, GIVE STREET	C, CITY OR TOWN	D. INSIDE CIT	LIMITS?
	BALTO. CITY	TOSP,	139(10	YES	No 🗆
49	40 Eastern Avenue, Baltim	nore, Md. 21224	E. STREET AND NUMBER	O'Varne	11 5/1424
5. :	RACE CONTROL WIDOW	TEACH WANGED	B. DATE OF BIRTH 13 1001	GE (in years if Un Mont)	der 1 Yr. If Under 24 Hrs. Doys Hours Min.
	USUAL OCCUPATION (Give kind of work 108, KINI during most of working life, even it refred)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of foreign	TIMORE /	ITIZEN OF WHAT COUNTRY?
1/2	FATHER'S NAME	IE TILE CO.	14 MOTHER'S MAJOEN NAME	- THORE 6	1.0.1 11
-	LEWY 3	5 A. WISE	TINN	A JUB	В
15. (Ye	Was Deceased Ever is U. S. Armed Forces? s,no or unknown! (If yes, give war or dates of servi	icel SECURITY NO.	17. INFORMANT		ADDRESS
IL	YES W.W.IL	216-12-9924	Records: BCH-4940	Eastern Ave	21224
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	CAUSE OF DEATI	THERES	to all to	APPROXIMATE INTERVAL ETWEEN ONSET AND DEATH
	(This does not mean the mode of dying, heart failure, asthenia, etc., it means the dise	DUE TO, OR AS	A CONSEQUENCE OF	ella mount	J
	injury or complication which caused death.)	W.	a partona	and The	
	ANTECEDENT CAUSES	(B) OP AS	A CONSEQUENCE OF:		
	DISEASES OR CONDITIONS, if any, ginise to the above cause (A) stating UNDERLYING CONDITION last.		A CONSEQUENCE OF		
-	II				
100	OTHER SIGNIFICANT CONDITIONS CONTRIBUTI TO THE DEATH BUT NOT RELATED TO THE TERMIN				
CERTIFICATIO	DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19R-CONDITION F WAS PERFORMED	OR WHICH OPERATION	NO NO	OR IF YES, WERE FINDING CAUSES O	GS CONSIDERED F DEATH?
AL CE	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (noily medical examine)	218. PLACE OF INJURY (e.g., i home, farm, factory, street, of etc.)	n or obout 21 C. WHERE DID	(If In Boltimore City,	give exact location)
EDIO	21D-TIME (Month) (Doy) (Yeat) (Hout) OF INJURY	21 & INJURY OCCURRED	21F. HOW DID INJURY	OCCUR	
2	(APPROX.)	While Al Not While Work At Work	• 🗆	72 57	12 77
	22. I certify that (1) (this hospital) attend		19.	10	19/2
	that (I) (we) last saw the deceased alive			n(my) (our) opinion d	eath occurred on the date
	and hour and from the causes stated above	6. (If (We) (did) (did not) v	riew the body after death.	23 B. D	ATE SIGNED
	MANACTI	THE PARTY OF THE P	Med. Stor		
	23C.PHYSICIANS NAME (Type) Michael C. E	DEGREE	22D ADDRESS	ern Ave.,Balt	1
24	A. BURIAL CREMATION, 1248, DATE 124	DEGREE	EMATORY 24D. LOCA	21224 ATION (City, town	or county) (State)
	REMOVAL (Specify)	MY CARMEI CE		O'DONNELL S	

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

HEALTH DEPT. 25A. DATE REC'D BY 258 NAME OF 5

VS 150-REV. 1/1/68

25C. FUNERAL DIRECTOR

901 S, CONKLIN BALTO, 212 24

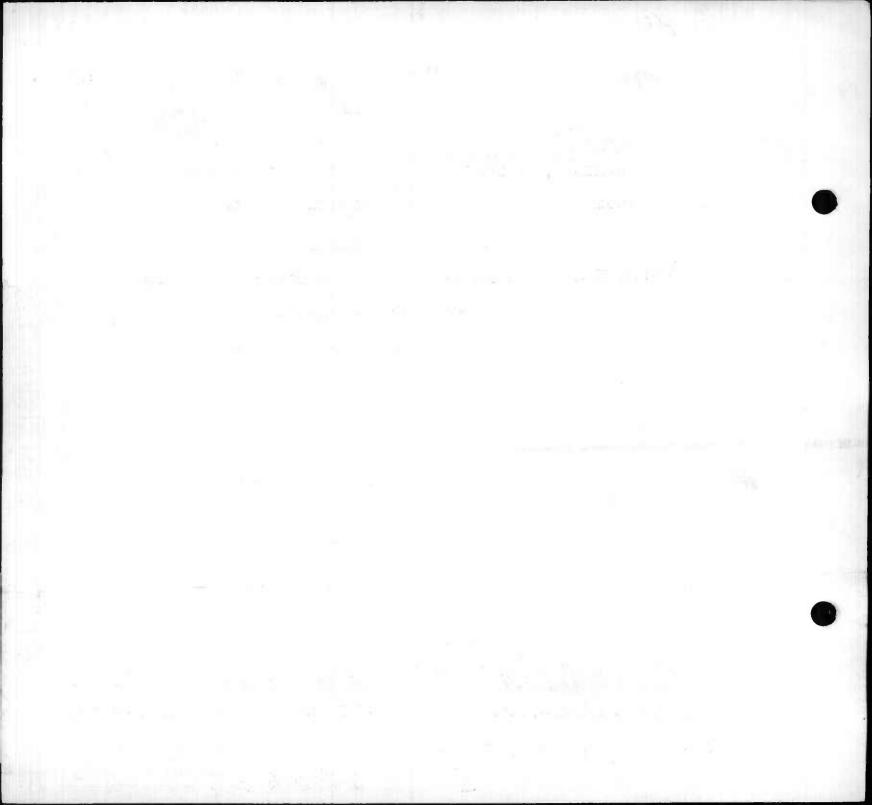
EM SAME with the later of the later of

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

-	>			BALTIMORE CITY	HEALTH DEPARTMENT		20 04246	
BIK	H NO. 400)	72 040	319 CERTIFICA	TE OF DEATH	REG. NO	72 04319	
	AME OF DECE	ell. Robe	rt			18-72	110:50 A.M.	
3, 1				NOUNCED DEAD	A STATE B. COL	here deceased lived. If	institution: residence before admission)	
HO	LL NAME OF	(IF NOT IN HO	SPITAL OR IN	STITUTION, GIVE STREET	Maryland		ISIDE CITY LIMITS?	
114.3	in to non			tal, Inc.	Baltimore	V	YES Y NO	
١.	39			ight Ave.	E. STREET AND NUMBER			
	<i>- 1</i>	Baltimo	re, Md.	21215	4015 Liberty	Height Ave.		
5. S		Negro	7- MARR WIDOV	IED NEVER MARRIED DIVORCED DIVORCED	8-18-2 7	9. AGE (In years lost birthday)	H Under 1 Ys. II Under 24 Hrs. Months Doys Hours Min.	
	USUAL OCCU	PATION (Give kind o orking lile, even If rel		OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo		12. CITIZEN OF WHAT COUNTRY?	
F	reight	Handler	Car	ten Railread	Maryland		U.S.A.	
	FATHER'S NAM				14 MOTHER'S MAIDEN N	AME		
	Hen	ward Sew	ell		Georgiann	a Brown		
15. V	Was Deceased	Ever in U. S. Arme	d Forces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	
	Yes	WW II		216 12 578	Into No. Com	11 (W fa) (4	035 771 77 1 1 1	
	1	OR CONDITION LEADING TO DE	ATH	CAUSE OF DEAT ADDED C (A) IMMEDIATE CAL	arciuma (e	rophagns e	Metalaus - unleum	
	heart failure, a	isthenia, etc. It m dication which ca NTECEDENT CAI	eans the dise	ASHI	A CONSEQUENCE OF: U		Leas Paragram	
	DISEASES OR CONDITIONS, If any, giving (B) DUE TO, OR AS A CONSEQ						www.	
	rise to the above cause (A) slating the UNDERLYING CONDITION last. (C)							
_		11						
ATTO	TO THE DEATH	CANT CONDITIONS I BUT NOT RELATED INDITION GIVEN IN	TO THE TERMIN	NG IAL				
CERTIFICATION	19A.DATE OF	OPERATION 1198		OR WHICH OPERATION	Yes	No. 208, IF YES, WERI	FINDINGS CONSIDERED AUSES OF DEATH?	
	21A ACCIDEN OR CONTRIBUT	T WAS UNDERLY!	NO D	21& PLACE OF INJURY (e.g., I home, farm, factory, street, o etc.)	a or about 21C. WHERE DID	(il In Boltim	ore City, give exact location)	
MEDICAL	21 D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Teal (Hous)	While At Not While Work At Work	21F. HOW DID I	NJURY OCCUR		
	22. 1 cartify	that (i) (this has	pitai) attend		3-23-	1972 to 4	4-28 1972	
	22. I certify that (i) (this hospital) attended the deceased from 3-25-1972 and that (i) (we) last saw the deceased alive on 4-28 1972 and that in(my) (aur) opinion death accurred on the date							
			stated abov	e. (i) (We) (did) (did not) v	view the bady after deat	10		
	23A. SIGNATUI	ma C	Jan	And DEGREE Phy	ending Med. Director	Staff Phys.	4 78 72	
	NAME (TY		. TAN	M.D. DEGREE	PROVIDENT H	OSPITAL BA	ETIMORE, Md. 2/215	
24#	REMOVAL (S	AATION, 248. DAT	E 24	C. NAME OF CEMETERY OF CR	EMATORY 24D.	LOCATION (City, town, or county) (Stole)	
	Burial	SY HEALTH DEPT.		ME OF REGISTRAR	metery E	altimore	Md.	
	MAY 5-	1972 Ros	ent E. Ja	Box MD 10 10	Lewis, T Gw	ypn 4517 F	Park Heights Ave.	
VS	150-REV. 1/1/6	8	1		001	1		

and the management of the second Music P Town Miles - 1 4/18/7-2

BALTIMORE CITY HEALTH DEPARTMENT	4000					
BIRTH NO. 72 (1432) CERTIFICATE OF DEATH REG. NO. 72	4320					
1. NAME OF DECEASED (Type or Print) 2. DATE AND HOUR OF DEATH						
1DA Miller 5/2/72	12:35 a. M.					
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution: leside A, STATE B. COUNTY	nce before admission					
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	501					
INSTITUTION D. INSIDE CITY LIMIT	5?					
PROVIDENT HOSPITAL BALTIMORE YES	NO					
2600 Liberty Heights Avenue E. STREET AND NUMBER						
BALTIMORE, MD 21215 1601 West North Avenue						
MAKKIED NEVER MARRIED S. DATE OF BIKIN 17. AGE (In years If Under D	Is If Under 24 Hrs.					
OA HISTA OCCUPATION Give hind of work DOR WARD OF DIFFUSION OF THE OCCUPATION OCCU						
done during most of working life, even if retired)	OF WHAT COUNTRY?					
MARYLAND USA						
3. FATHER'S NAME						
JOHN E. TURNER EMILY LEE						
5. Was Deceased Ever In U. S. Armed Farces? Yes, no or unknown I (If yes, give war at dates of service) 16. SOCIAL 17. INFORMANT	DRESS					
30-185436-200/MRS VIRGIE ELLIS 3/34 AD.	KEMPER RD					
	PROXIMATE INTERVAL					
Parm.	EEN ONSET AND DEATH					
LEADING TO DEATH	1 4 ear					
(This does not mean the mode of dying, e.g., haart failure, asthenia, etc. It means the disease,						
injury ar camplication which caused death.)						
ANTECEDENT CAUSES						
DISEASES OR CONDITIONS, il any, giving DUE TO, OR AS A CONSEQUENCE OF:						
rise to the above causa (A) stating the UNDERLYING CONDITION last. (C)						
(9	***************************************					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH RIT NOT BELATED TO THE TERMINAL Broughig last hama	40					
of other significant conditions contributing Brouchial Brouchial 4	0 47					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 179A. DATE OF OPERATION 179B. CONDITION FOR WHICH OPERATION WAS PERFORMED 210A. ACCIDENT WAS UNDERLYING [1] 211B. ACCIDENT WAS U	ISIDERED					
no CERIFING CAUSES OF DEAT	н					
OR CONTRIBUTING CAUSE OF	ct location)					
DEATH (natify madical axamine) etc.)						
21D. TIME (Manth) (Day) (Year) (Haur) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?						
(APPROX.) Whila At Wark At Wark						
22.1	71					
11.111.11.	19_72_					
that (I) (we) last saw the deceased alive an afront 25 1977 and that in (my) (aur) apinian death accurred an the da						
and haur and fram the causes stated abave. (1) (We) (did nat) view the bady after death.						
Dan Dan 11 Gran Dan 12 Steel Date Steel	NED					
DEGREE Phys. Director Phys. J	172					
23C.PHYSICIAN'S NAME (Type) 23D. ADDRESS						
RALPH H. TWINNING, M.D. 907 EDMONDSON AVENUE BALTO. MD	21223					
RALPH H. TWINNING, M.D. 907 EDMONDSON AVENUE BALTO. MD						
RALPH H. TWINNING, M.D. PEGREE 907 EDMONDSON AVENUE BALTO. MD 4A. BURIAL CREMATION. 24B. DATE REMOVAL (Specify) 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, lown, of country)						
RALPH H. TWINNING, M.D. DEGREE 907 EDMONDSON AVENUE BALTO. MD 14A. BURIAL CREMATION. 24B. DATE REMOVAL (Specify) PURIAL Solution PURIAL Solution PURIAL Solution PURIAL Solution PURIAL Solution						
RALPH H. TWINNING, M.D. DEGREE 907 EDMONDSON AVENUE BALTO. MD AA. BURIAL CREMATION. 24B. DATE 124C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or country) BURIAL STATE REC'D BY HEALTH DOT 125 HAME OF CREMATORY ANN AND ALE; UA.	nty) (State)					

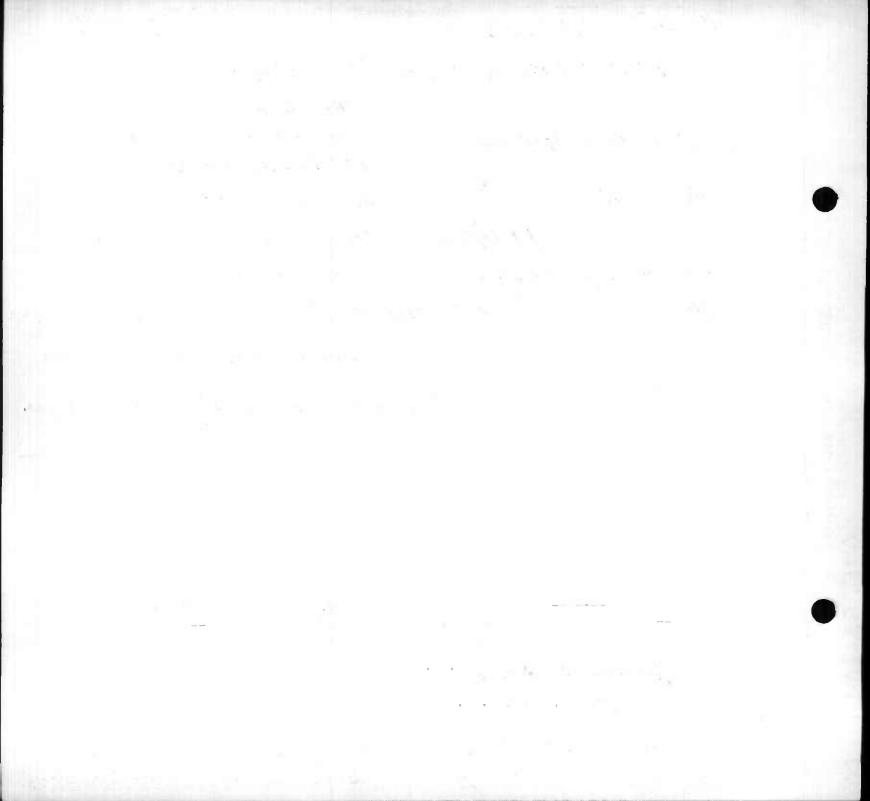


•	-
approved by the chief medical examiner or his assistant if death occurred in a hospital and to the hospital by a medical examiner. Also, if the direct or contributing cause of death f any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased I (except where the physician who pronounced death was in regular attendance on the i); and (6) No physician was in regular attendance on the deceased prior to death. Such se obtained before the remains are embalmed or final disposition is made.	1. (T 3 F F F F F F F F F F F F F F F F F F
of d Dece on oth.	3
hosi duse danc	FHII
ng co cause atten ior to	0
ibuti ined ined ular d pr	5.
contr term regu regse	18
Under in as in a dec	13
irect (4) h w h the dispo	
kind; kind; deat deat inal	1.5 (Y
any any ced ndan	
Also re of noun atte	
iner. ractu pro pro jular	
xam () A f who	
dical cal e ns; (3 ician ician vas ii	
medi medi y bur phys ian w	1
Sod Bod the the re th	
tal be; (2)	
hospi ature pt w (6) r	
the the any n and and obta	
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cider cider hosp to de	
as read at a at a rior	
dy w (1) K (2) A. Sed p	2
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death, sand (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	2
Z = 2 = 2	11

-	1 .00	.~0	0.400	BALTIMORE CITY	HEALTH DEPARTMENT		72 04321	
7	1-620	12	1436	CERTIFICA	TE OF DEATH	REG. NO	14 04061	
1. N	AME OF DEC	ASED			2. DATE A	ND HOUR OF DEATH		
	e or Print)	FROCK, S	FERLING	RICHARD		May 4, 1972	12 Noon	
3. 1	PLACE IN BAL	IMORE, MARYLAND, W	HERE PRONC	DUNCED DEAD	A. STATE B. COU	NTY	stitution: residence before odmission)	
FU	LL NAME OF	(IF NOT IN HOSPITA	AL OR INSTI	TUTION, GIVE STREET	Maryland	Baltimore	2572	
INS	NOITUTION				C. CITY OR TOWN	D. INSI	DE CITY LIMITS?	
-	5			ation Hospital	Baltimore		YES 🗚 NO	
1	15	3900 Loch Ray			E. STREET AND NUMBER	A		
	Mark .	Baltimore, Ma			3029 Janice			
5. 5	EX	6. RACE	7- MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	Months Doys Hours Min.	
	Male	Caucasian	WIDOWED	DIVORCED	2- 23-28	lost birthdoy) 444		
			10B, KIND C	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	reign country)	12. CITIZEN OF WHAT COUNTRY	
	Mechanic	vorking life, even if retired)	AUTO	MOTIVE	Maryland		U. S. A.	
13.	FATHER'S NA	ΛE			14. MOTHER'S MAIDEN NA	AME		
	Jessi	e Frock				Della Cockeran		
15.	Wos Deceosed	Ever in U. S. Armed Ford	ces?	1 6. SOCIAL	17. INFORMANT COTO	s V. A. Hospi	ital ADDRESS	
	Yes	11-2-50 to 1	2-12-56	5 212-24-5737	3900 Loch Ra	ven Blvd., Ba	altimore, Md. 2121	
	1B.	.01		CAUSE OF DEAT	Н		APPROXIMATE INTERVAL	
	DISEAS	E OR CONDITION DIR	ECTLY		Gastrointest	inal bleeding		
		LEADING TO DEATH		/ANIMMEDIATE CAI				
		of meon the mode of		DUE TO, OR AS	A CONSEQUENCE OF:			
	heort foilure, osthenio, etc. 11 meons the disease, injury or complication which coused death.)					2 7.71		
		ANTECEDENT CAUSES			Renal failur	е	3 Weeks	
			anu givin	(B)	A CONSEQUENCE OF:		Years	
	DISEASES OR CONDITIONS, if ony, giving DUE 10, OR AS A rise to the above couse (A) stoting the			coholic steaton	ecrosis	-		
	UNDERLYING CONDITION lost, (C).						Question?	
O		CANT CONDITIONS CO						
ATIO	DISEASE OR C	H BUT NOT RELATED TO TH ONDITION GIVEN IN PAR	T 1 (A).					
CERTIFIC	19A. DATE OF	OPERATION 198. CON	DITION FOR	iver Biopsy fo	20A. AUTOPSY? (Yes or I	No) 20B. IF YES, WERE F	FINDINGS CONSIDERED	
E	/ 4-11.	Diagno		oe of Liver Di				
ü		T WAS UNDERLYING	21	B. PLACE OF INJURY (e.g.,	in or about 21 C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltimore	e City, give exoct location)	
CAL		medical examiner		c.)	mice bidgs, majori decor.			
100	21 D. TIME	(Month) (Doy) (Year)	(Hour) 21	E INJURY OCCURRED	21E HOW DID IN	NIURY OCCUR?		
ME	OF INJURY White 41 - Not White -							
	(APPROX.)		W	/ork At Work				
	22. I certify	that (1) (this hospital) attended		April 3.	19 72 to Ma	ay 4, 19 72	
that M) (we) last sow the deceased alive on May 4, 1972 and that in (my) (our) opinion death occurred or							nion death occurred on the dat	
					view the body ofter deoth			
	23A. SIGNATU		ea 000ve.2	TIF (u.e.) (q.q.) (MM-Moft):	view the body offer deoil	10	23B. DATE SIGNED	
	23% 31014 A1 C	"(10 E/).	,	Att	ending Med.	Shaff IK	11170	
		Jehn 1 100	V~>	OEGREE Phy		Phys.	514172	
	23C. PHYSICIA	3C. PHYSICIANS V. A. Hospital						
	I MAINE !	John F. R	ogers,	M. D.	3900 Loch Raven	Blvd. Balt:	imore, Md. 21218	
24/	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stote)							
I	REMOVAL (Specify) 5-9-72 CETTYRIDI NOTI GOTTYRIDI DO							
L	NEIAL	· 5-7-1	- 0	CITIOUKG	NHIL	DETIXBUE	-6, 177.	
25/	A. DATE REC'D	000	25 B. NAME	OF REGISTRAR	25C. FUNERAL DIRECTO	Samo	2 IN COTAL DIE	
	MAY 5 = 1972 Webert E Jassi MD. D. D. HOEDREEL. OCHWAB LIVI FREOK HUE.							
VS	V\$ 150-REV. 1/1/88							

BURIAL STATIBLES NAT'L GETTYBUES, IS GERREE L. SCHRING 21111 FREILLY

1	11 255 BALTIMORE CIT	TY HEALTH DEPARTMENT
		ATE OF DEATH X REG. NO. 72 04322
Ту	NAME OF DECEASED YPO OF PAIN! PLACE IN BALTIMORE, MARYLAND, WHERE PRONQUINCED DEAD PLACE IN BALTIMORE, MARYLAND, WHERE PRONQUINCED DEAD	2. DATE AND HOUR OF DEATH SR 5/2/72 4. USUAL RESIDENCE (Where deceased lived. II institution: residence belose admission)
FU	ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	MARYLAND BALTONS
>	ST. AG-NES HOSPITAL	E. STREET AND NUMBER D. INSIDE CITY LIMITS? YES IN NO [
5. :	SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (in years If Under 1 % . If Under 24 Has
	WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE (in years lift Under 1 %, if Under 24 His. Months: Doys Hours: Min.
don	A. USUAL OCCUPATION (Give kind of work 10 B. KIND OF BUSINESS OR INDUSTRING most of working lile, even if refired)	Maryland U.S.
/	MELCHOCR WECDMAN	FLORANCE H. Woods
5. Ye:	Woe Decessed Ever in U. S. Armed Forces? s, no or unknown) (If yes, give wor or dates of eervice) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
1	18. SAN 18 37 19 18. CAUSE OF DEA	MRS. WELLEAM F. WEEDARN 6/3 PLYMONTHA
ì	DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH
	LEADING TO DEATH (This does not meon the mode of dying, e.g., heart failure, asthenio, etc. It means the disease, injury or camplication which caused death.) (A) IMMEDIATE CA DUE TO, OR AS	A CONSEQUENCE OF: 2 hours
		ensive Arterosclerotic (ardovascular 10 yrs.
	DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stoling the UNDERLYING CONDITION last. (C)	ensive Arterosclerotic (ardovascular 10 yrs. s A CONSEQUENCE OF: Disease
TION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19R. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., bome, form, foctory, effect, of INJURY (INDICATED) DEATH (notify medical examined) 21D. TIME (Month) (Doy) (Yeon) (Hour) 21E, INJURY OCCURRED While At Work At Work	
RTIFIC	19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
CALC	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., home, form, foctory, effect, cells)	in or about 21 C. WHERE DID ffice bldg., INJURY OCCUR? (If In Boltimore City, give exact location)
MEDI	21F. HOW DID INJURY OCCUR?	
	22. 1 certify that (1) (this hospital) attended the deceased fram	ctober 31, 19 69 to May 2, 19 72 19 72 and that in (my) (aus) apinion death accurred an the date
	that (1) (we) last saw the deceased alive an May 2,	
	and haur and fram the causes stated abave. (1) (We) (did) (did not) (23A. SIGNATURE	view the bady after death. 23 R. DATE SIGNED
	Janus E Row M. De Ath	ending X Med. Staff Phys. May 5, 1972
	23C. PHYSICIAN'S NAME (Type) James E. Rowe, M. D.	23D. ADDRESS 5550 Baltimore National Pike
4A	REMOVAL (Specify) 248. DATE 24C. NAME of CEMETERY of CR	
5A	DURCAL 5/6/72 JOUGAN PARK	
41	AVK - 1072 Pober E. Janber M. C. 1	25C. FUNERAL DIRECTOR ADDRESS WEBERALHOME 5311 ELMONS ON A

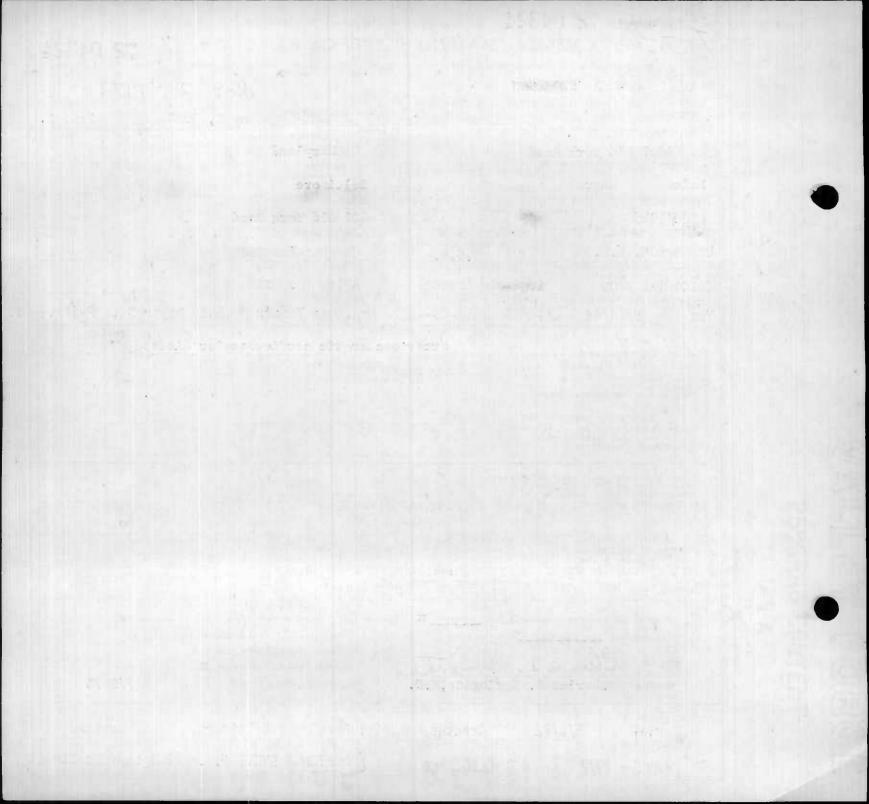


This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

W/ F-194 /2 6/1399	TY HEALTH DEPARTMENT				
BIRTH NO.	ATE OF DEATH REG. NO. 72 04323				
(Type or Print) Lillian Tureshington	2. DATE AND HOUR OF DEATH				
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNGED DEAD	4. USUAL RESIDENCE Where deceased lived. If institution; residence before admission! A. STATE B. COUNTY				
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	Maryland				
Univ. Md. Hospital	C. CITY OR TOWN, Baltiman P YES NO				
Barrier Har Hospital	E. STREET AND NUMBER				
5. SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years II Under 1 Ye., II Under 24 Hrs.				
Negro WIDOWED DIVORCED	8/6/03 lost birthday) Months Doys Hours Min.				
10A. USUAL OCCUPATION (Gip kind of work 10B. KIND OF BUSINESS OR INDUSTI	11. WRITHFLACE (Stote or loreign country)				
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
John Botts Minor	Mary Beale				
15. Wos Deceosed Ever in U. S. Armed Forces? (Yes, no or unknown! (If yes, give wor or dotes of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS				
No	THE WITHENSPOON RIDARY AUG				
DISEASE OR CONDITION DIRECTLY	TH PROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
LEADING TO DEATH					
heart failure, asthenia, etc. It means the disease, injury at complication which caused death.)	A CONSEQUENCE OF:				
ANTECEDENT CAUSES	ballo sonticomic shorts 12 hrs				
rise to the above cause (A) stating the	S A CONSEQUENCE OF:				
UNDERLYING CONDITION last, (C)	***************************************				
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING					
DISEASE OF CONDITION GIVEN IN PART 1 (A).	20A. AUTOPSYZ (Yes or Noll 20B. IF YES. WERE FINDINGS CONSIDERED				
WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH?				
OR CONTRIBUTING CAUSE OF CEATH (notify medical examined) 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., home, farm, factory, street, etc.)	in or about 21 C. WHERE DID (II in Boltimare City, give exact location)				
O 21D. TIME (Manth) (Doy! (Year) (Haud) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?				
(APPROX.) While At Not Whi					
22. I certify that (1) this hospital) attended the deceased from 38m 5/4 19 2 to 5/4 19 2 that (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)					
Attending Med. Staff Staff					
23C. PHYSICIAN'S C NAME (Type) A DO					
24A. BURIAL CREMATION, 24R. DATE 24C, NAME of CEMETERY OF CREMATORY 24D. LOCATION (City town, A county) (Stote)					
BURIAL 5-9-72 ANGEL VISIT CEMETERY ESSEX CO VIRGINIA					
MAY 5 - 1972 Poblace & James of REGISTRAR DIRECTOR HERBERT E. Nutter 3035 W. NORTH AVE					
VS 150-REV. 1/1/68	HERBERT E. UNUTER 3035 W. NORTH AVE.				

03 68 Harmand on Allin Sattanti in Transatt

VS 151-REV. 1/1/68



42

63

or his assistant if death occurred in a hospital and Also, if the direct or contributing cause of death

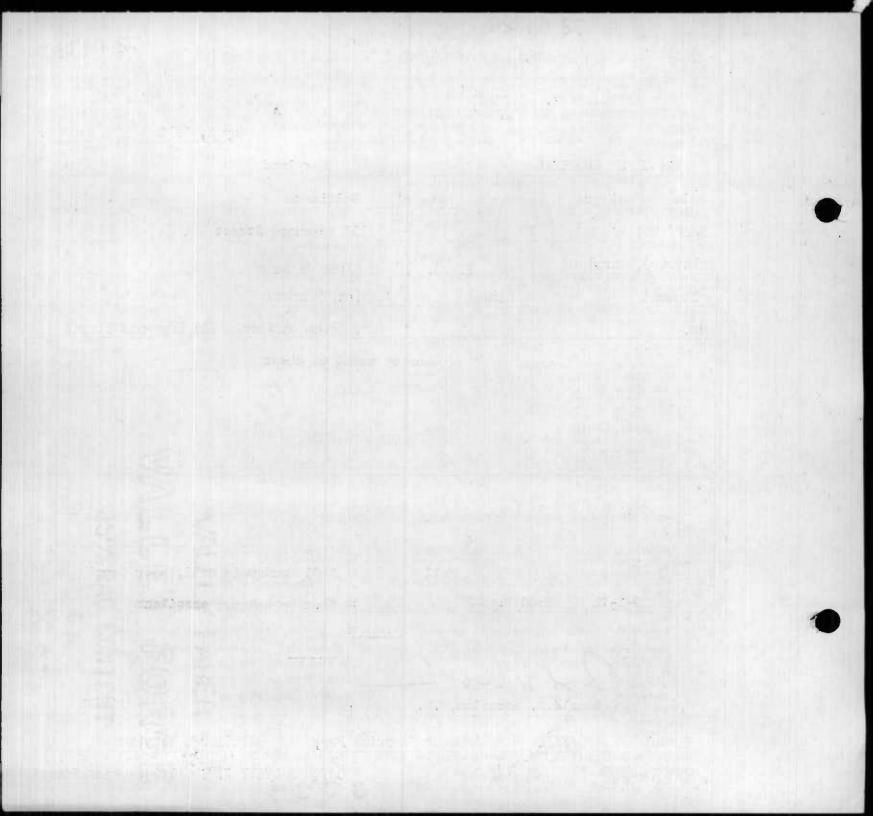
certificate must be approved by the chief medical examiner

X.	211				HEALTH DEPARTME		70 0400- 1
BIRTH	10.0/10	72 0	4325	CERTIFICA	TE OF DEA	TH KEG. NO.	16 U1320
Redf	OF DECEASED	12EDFER		LEDOORE		ATE AND HOUR OF DEAT	in dus!
3. PLAC	E IN BALTIMORI	MARYLAND, W	HERE PRONOL	JNCED DEAD	A STATE Y LAND	E (Where deceased lived, II	institution: residence before admission
FULL N	AME OF UP	NOT IN HOSPIT	AL OR INSTITU	JTION, GIVE STREET	MARTLAND	10.	1601
HOSPIT	TION	DDRESS OR LOCA	ATIONS		C, CITY OR TOWN	D. IN	ASIDE CITY LIWILSS
Тн	E JOHNS	HOPKINS	HOSP	ITAL	BALTIMOR	三.	YES NO
5	7		0		E. STREET AND NUM		
5. SEX	6. RAC	E	7. ALADOIED (NEVER MARRIED	8. DATE OF BIRTH	lington Avenue	
MALI		EGRO	WIDOWED	DIVORCED	3/15/18	lost birthdoy 54	Manths Days Hours Min.
done duri	AL OCCUPATIOns most of working i	N (Give kind of work	10B, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLA CE (Stote	or loreign country)	12. CITIZEN OF WHAT COUNTR
	tenance		Barenbi	rg Optical	Manme Nov	th Carolina	U.S.A.
3. FATH	ER'S NAME			i g oporcur	14 MOTHER'S MAID	EN NAME	U.S.A.
•	OHNNY H	UNTLEY			ANNI	E RE DEERN	
5. Was Yes, no o	Deceased Ever in	U. S. Armed Fer	es?	1 6. SOCIAL SECURITY NO.	17. INFORMANT	15.	ADDRESS
No.				JEGORITI NO.	Mrs. Geneva	Lee 502 N	N. Arlington Avenue
18.	1/21	4-01	9.0	CAUSE OF DEATH		202 1	APPROXIMATE INTERVAL
		CONDITION DIS	ECTLY		1		BETWEEN ONSET AND DEATH
(This		n the mode of	duine on	(A) IMMEDIATE CAU	SE luy no	V Ta	Iwn
negi	T failure, astheni	a, etc. If means	the disease.	DUE TO, OR AS	CONSEQUENCE OF		
into		n which caused	Gedm.)		1	aucen	1/2/11/5
DISE		NDITIONS, if a		(B)	A CONSEQUENCE OF:	men	1 2 913
rise	to the abov	e cause (A)	stating the	DUE TO, OR AS	A CONSECUENCE OF:		
UNI	DERLYING CON	DITION last.		(c)		***************************************	***************************************
Z	O SIGNIFICANTO	11	TRIBUTALO	1. (1)	1	1510	
E 110 1	HE DEATH BUT N	ONDITIONS CON	E TERMINAL	8/10/4	ovacop leis	of you /	4915
U 19A.	DATE OF OPERA	TION 198 CON	DITION FOR W	HICH OPERATION	20A. AUTOPSY! Wes	or No. 208, IF YES. WERE	FINDINGS CONSIDERED
					No	IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?
OPC	ACCIDENT WAS	UNDERLYING D	21 B.	PLACE OF INJURY (e.g., in b, farm, loctory, street, of	or about 21 C. WHERE	DID (If In Boltim	ore City, give exact location)
DEAL	H (notity medicol	examined	etc.)	y taing toology sheet on	NO DIEGO INGOLI OCC	O KS	
21D.	TIME (Month	(Doy) (Year)		INJURY OCCURRED	21 F. HOW D	D INJURY OCCUR?	
(APP	ROX.)		While	Not While			//
22. 1	certify that (1)	(this hospital)	attended th	e deceased fram 3	118/72	19ta	5/1/7219
that	(I) (we) last so	w the decease	alive an	5/1	19 72		inlan death occurred an the date
and	hour and fram t	he causes state	ed abave. (1)	(We) (did) (did nat) vi	ew the bady after d	eath.	
23A.	IGNATURE	e / /	1-	4.4			23B. DATE/SIGNED
	50) a y w	truttel	Phur	ding Med.	Stoff Phys.	5/1/72
23 C.	HYSICIAN'S NAME (Type)	()		Dr.OKEL)	D. ADDRESS		
	TAIVIE TYPE	S. D. 1	YSH1	TI NGALE	J	dus Hoft	uns Hosp
AA. BUR	IAL CREMATION	, 248 DATE	24C. NA	ME of CEMETERY of CRE	MATORY	4D. LOCATION (C	City, town, ar county) (State)
_	urial	5/6/72	Arh	utus Memorial	Park		
25A. DA1			258 NAME OF	REGISTRAR	25C. FUNERAL DIR	Baltimore,	Maryl and
MAY	5 - 1972	Halbert E	Valley-	Man n	MORTON &		01 Laurens Street

MAID VS 150-REV. 1/1/68

Years Years The Control of the Contr YESTER VEHICLE 72 04326 BALTIMORE CITY HEALTH DEPARTMENT

	1	4	14			BALTIMORE CITY HE	ALTH DEPA	RTMENT	r				70	0 41	3000
-	1-250		MED	ICAL	EX	AMINER'S	ERTIFI	CAT	E OF	DEA	TH.		16	UG:	356
BIRT	H NO.										R	EG. NO			
1. N	AME OF DEC						2. DATE	Know	n 🔲	Month		Doy	Yeor	Hour	
(туре	or Print)	REGINA	LD M.	JAC	KSO	N	OF DEATH	Estim	oted 🗌						М.
4. P	LACE IN BALT	IMORE, MA	RYLAND, W	HERE PR	ONOL	UNCED DEAD	3. DATE			Month		Doy	Yeor	Hour	
HOS	NAME OF PITAL NSTITUTION		T IN HOSPITA		ITUTIOI	N, GIVE STREET	5. USUAL R	UNCED		May					05 P. M.
	3	TOTAL TI	COTTOA				A. STATE			aeceosea		OUNTY	: residence	Delore o	(amission)
6. S		7. RACE	OSPITA	-		1 97	Maryland C. CITY OR TOWN D. INSIDE CITY LIMITS?								100
	ía1e	Neg	ro			NEVER MARRIED	Deltainen D								1
	ATE OF BIRTH	-		WIDOW		DIVORCED L.	E. STREET					YE	es LXI	NO L	
			10. AGE (Ir	20	Months	s Doys Hours Min.			ood S	troot					
	/27/195		1		12 CII	TIZEN OF	13. FATHER	_		rreet	•				
D.	7 + imaus	Manni	Tand		WI	HAT COUNTRY?									
14A.	USUAL OCCU	ATION (Giv	e kind of work	4B. KIND	OF BL	U.S.A. USINESS OR INDUSTRY	A L 6	R'S MAIL	CKSON DEN NAM	AE					
done	Student	orking life, ev	en ifretired)		choc			1 Ma							
16. \	WAS DECEASE	D EVER IN	U.S. ARMED			17. SOCIAL	1B. INFOR		uuux		-	AI	DDRESS	_	
(Yes,	O .	(If yes, give	wor or dotes	of service)		SECURITY NO.	Mr. Al	lan.	lacker	n n	733	Edge	wood S	strac	a+
	9.		1/			CAUSE OF DEA		1611	ou CK30	711	733	Luge			ATE INTERVAL
	19	631	X			Gunshot		of c	heet				BET	WEEN ON	SET AND DEATH
		OR COND	ITION DIREC	CTLY		Guisiot	woulld	01. 0	nest						
	(This does no			ng, e.g.,		(A) IMMEDIATE C		HENCE	nF.						
	heart failure, injury or com					500.0,000									
		ITECEDENT		GIVING		(B)	AS A CONSE	QUENCE	OF:						
	RISE TO THE	ABOVE CA	USE (A) STAT	ING THE											
2	UNDERLYIN	G CONDII	ION LASI.			(c)									
Ĕ	OTHER SIGN	IEICANT COI	II NDITIONS CO	NITRIRITI	INC							1116			
CERTIFICATION	TO THE DEA	TH BUT NOT	RELATED TO	THE TERMI	NAL		******								
RT					FOR W	HICH OPERATION W	AS PERFOR!	ΛED			100		21. AUT	OPSY? (Yes or No)
	2)												у	es	
15		NAL CAUSE			22B. PL	ACE OF INJURY (e.g.,	in or obout	22C. WHI	ERE DID (If in Boltin	nore Cl	y, give exo	ct locotion)	1	1100
ă	UNDERLYING UTING CA				home,	form, foctory, street, offic Ma11				wmin	Ma 1	1 IInn	er Le	ve1	525
Σ	22D. TIME () (Hour) 228	E.INJURY OCCURRED		22F. HOV	V DID INJ	URY OC	CUR?	1,000	CL DC	VCI	
	OF INJURY (APPROX.)	5-2-72	9	:00 P	en WH	HILE AT NOT	WHILE X	Shot	by un	knowr	as	saila	nt		
1	23.														
	certi	fy that I h	eld on I	nquiry		Inspection Au	topsy 🗶	and t	hat on th	is basi:	s, deo	th in my	opinion		
	result	ed fram: N	latural cou	ses 🗌	Ace	cident Suicio	le H	omicide	K I	Undeterr	nined	monner			
			1 1	10,	1/	11		CHIEF M	EDICAL E	XAMINE	R 📙			DATE	SIGNED
	SIGNATU	IRE /	us	11	6	V M.S	ASS	ISTANT N	NEDICAL E	XAMINE	X				
	EXAMINI	R'S _	onald i	J Ko	rnh'	lum, M.D.	ASSO	OCIATE N	MEDICAL E	XAMINE			5/	4/72	
244	NAME (T	11-1	24B. DATE			NAME of CEMETERY	or CREMAT)PV	240	LOCATIO	N	City torre	n, or county		(Stote)
REA	OVAL (Specif	y)		,										,	(Sidie)
	Burial		5/6/7			Arbutus Memo					ore	, Mar			
25 A	DATE REC'D	BY HEALTH	0 -	- 000	-	OF REGISTRAR			L DIRECTO		1.1		DDRESS		Ctuest
	MAY 5	13/2	Valley	in 198	علاو	3 M. D.	MO	KIUN	& DYE	II F.	н.	1/01	Laur	ens :	Street
_				-		The same of the sa									



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY	Y HEALTH DEPARTMENT 72 04327
BIRTH NO. 72 04327 CERTIFICA	ATE OF DEATH REG. NO.
1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH
Stoll, Herman W.	May 2, 1972 2 35 M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived, Il institution; residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	Maryland AA 5200
	Baltimore D. INSIDE CITY LIMITS?
South Baltimore General Hospital	E. STREET AND NUMBER
5. SEX 6. RACE 7. MARRIED NEVER MARRIED	
Male white WIDOWED DIVORCED	10-26-1910 last birthdoy 6/ Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired)	11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
ing.	Maryland U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Ernest Stoll	Alice Weber
15. Wos Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dotes of service) SECURITY NO.	17- INFORMANT ADDRESS
no 216 05 9353	Edith M. Stoll 215 Audrey Ave 21225
18. CAUSE OF DEATH	WILL WOOM WITE HATEKA ME
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Brain tumor BETWEEN ONSET AND DEATH
(This does not meen the mode of dying, e.g., (A) IMMEDIATE CAU	ISE A CONSEQUENCE OF:
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	A CONSEQUENCE OF:
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, if ony, giving DUE TO, OR AS	A CONSEQUENCE OF:
rise to the above couse (A) stating the UNDERLYING CONDITION last. (C)	
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL OISEASE OR CONDITION GIVEN IN PART 1 (A)	
198-DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION WAS PERFORMED	20A- AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF home, form, foctory, street, off DEATH (notify medical exominer) 21D. Time (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED	n or obout 21C, WHERE DID (If In Bollimore City, give exact location) fice bidg., INJURY OCCUR?
	21F. HOW DID INJURY OCCUR?
(APPROX.) While At Not While At Work At Work	· 🗆 📗
22. I certify that (1) (this hospital) attended the deceased from	pril 18 19 72 10 May 2 19 72
that W (we) last sow the deceased alive on May 2	19 7 2 and that in (my) (our) opinion death occurred on the date
and hour and from the causes stated above. (1) (We) (did) (did not) vi	
23A. SIGNATURE	238, DATE SIGNED
Chin Simp Chan. M. Docasse Phys.	nding Med. Staff May 2, 1872
	3D. ADDRESS
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREI	MATORY
Burial 5/5/72 Cedan Hill Cement	(Siole)
25A, DATE REC'D BY HEALTH DEPT. 25B, NAME OF REGISTRAR	
MAY 5 - 1972 Pale & James R. A. O. O.	Mc ally tuneral Home 237 Patapsco Ave 21225
VS 150-REV. 1/1/6B	II O CO TO TO THE ENTER

888AA ST

72 04328

* Martin Co.

Stoll

on

276 05 9353 Edith M. Stoll 215 Audrey Ave 21225

Burial

0

5/5/72

Cedan Hill Cemethry

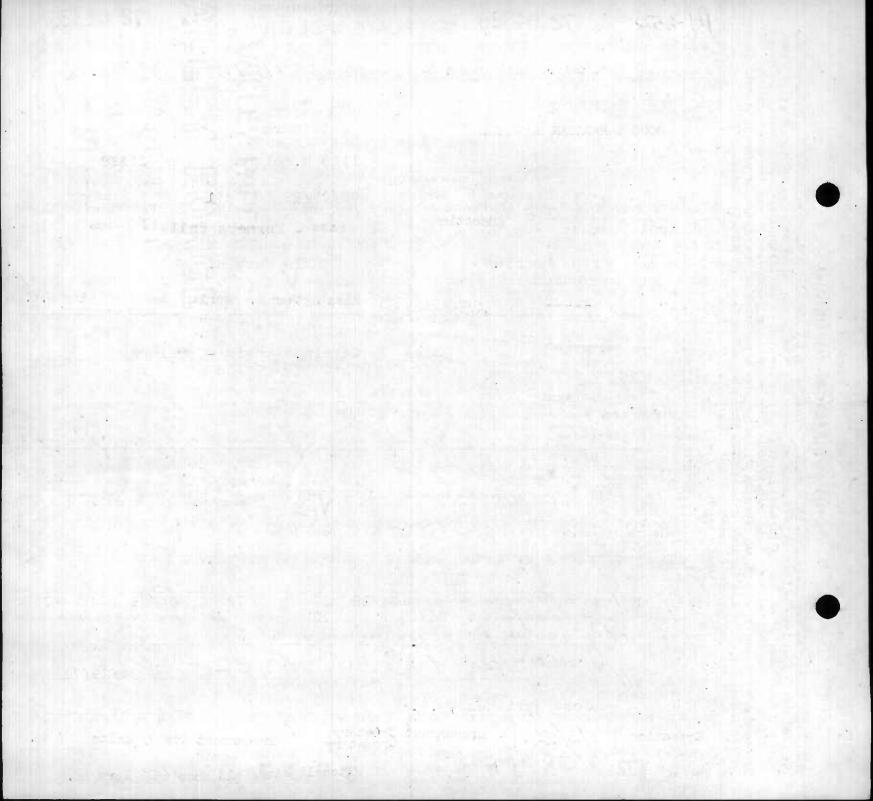
Ritchie Hyway Balto 2125

McCully + wrenal Home 237 Patapsco Ave 21225

AVR P

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident af any nature; (2) Body burns; (3) A fracture af any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a haspital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior ta death. Such written approval must be abtained before the remains are embalmed or final dispasition is made. This certificate must be approved by the chief medical examiner or his assistant if death accurred in a hospital and

1	M			- 100	BALTIMORE CITY	HEALTH D	EPARTMENT		MIR CLAIM	20
BIR	1-650 TH NO.	>	72	0432	CERTIFICA	TE OF	DEATH	REG. NO	72 0432	23
	AME OF DECI	EASED					2. DATE	AND HOUR OF DEATH		
					abeth S		4/	29/72	8.45	M.
•					OUNCED DEAD	A. STATE	B. COL	iere deceosed tived. It in	nstitution: residence below	e odmission)
HC	LL NAME OF	(IF NOT ADDRESS	IN HOSPITA	AL OR INST	ITUTION, GIVE STREET	C. CITY OR	TOWN	In INC	IDE CITY LIMITS?	
INS	GOO	D SAMAR	TTAN F	OSPITA	AT.		Ltimore	0. 1143	YES NO	
1	1	D D. L. Z. L.	- F 44 &	1001 111			AND NUMBER			
-	15					1111	B E.Bel	vedere Ave	21239	
5. S	EX	6. RACE		7. MARRIE	NEVER MARRIED	8. DATE OF		9. AGE (In years	If Under 1 Yr., If U	nder 24 Hrs.
	F	W		WIDOWE	D DIVORCED		5/99	lost birthdoy)	Months Doys Hour	
	during most of v		n if retired)	,	of Business of Industry ducation			reign country) rners Fall:	12, CITIZEN OF WHA	T COUNTRY?
12	FATHER'S NAM		IGT				R'S MAIDEN N		3	
13.	FATHER S NAM		ank Me	erria	m	14. MOIN	REID, M			
15.	Wos Deceased ,,no or unknown)	Ever in U. S.	Armed Ford	es?	1 6. SOCIAL	17. INFORM	ANT		ADDRESS	
(Yes	no or unknown)	(If yes, give	wor or dote:	s of service	213-12-6585	Miss	Esther	M. Merriam	New York Cht;	y N.Y.
	18. / 5 -	3 8 1	1.4		CAUSE OF DEAT	Н		Severe on the late	APPROXIMAT	
		E OR COND		ECTLY					DET WEEK 01401	TAND DEATH
	Carlotte Street,	LEADING TO			(A)IMMEDIATE CAL	SE Care	cinomat	osis -Carc	inomh	mandada an
		of meon the osthenio, etc.			DUE TO, OR AS	A CONSEQU	NCE OF OF	osis -Carc Colon	Z III	onths
		plication whi						A STATE OF THE STA		
	1	ANTECEDENT	CAUSES	7 3 30	(0)				Tent of the	
	DISEASES C	R CONDITIO	ONS, if	ny, givin	g DUE TO, OR AS	A CONSEQ	ENCE OF:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
		obove co		stoting It			7.4		100	18
	ONDERETING	CONDITIO	1051.		(C)					
z	OTHER SIGNIF	ICANT CONDI	TIONS COL	NIDIRLITING			1	- Plant		
TIC	TO THE DEAT	H BUT NOTRE	LATED TO TH	HE TERMINA				1 1 Pp. 1 2 Pp. 10 Pp. 10	** ****	
ICA	19A. DATE OF		198. CON	DITION FOI	WHICH OPERATION	20A. AU	TOPSY? (Yes or	No) 208. IF YES, WERE	FINDINGS CONSIDERE	D
CERTIFICATION	21		WAS PERF	ORMED			XFS	IN CERTIFYING CA	USES OF DEATH?	3 / 3
CAL CE	21 A. ACCIDEN OR CONTRIBU	JTING CAU	SE OF	h	18. PLACE OF INJURY (e.g., i ome, form, foctory, street, o	n or about 21 ffice bldg., IN	C. WHERE DID JURY OCCUR?	(If In Soltimo	re City, give exoct locotic	n)
OIC	21 D. TIME	(Month) (Do		(Hour) 2	E. INJURY OCCURRED	21	E HOW DID II	NJURY OCCUR?		
MEDI	OF INJURY	(77(0)))))	Jyr (reon		Vhile At Not While		I. NOW DID II	AJORT OCCOR:		2 /2
	(APPROX.)				Vork At Work					The said
	22. I certify	that (1) (this	s hospitol) ottended	the deceased fram .0.4.	/10		1972 to 0.	4/29	19.72.
	that (1) (we)	lost sow the	e deceose	d olive or	04/29	19	7.2ond	that in (my) (aur) opi	inion death accurred	on the dote
		fram the co	uses stat	ed above.	(I) (We) (did) (did not)	view the bo	dy after death			
					(I) (We) (did) (did nat)	view the bo	dy after death	1.	238. DATE SIGNED	
	and hour and				7 wh Am	ending 🗀	Med.	Staff	23B. DATE SIGNED	
	and hour and 23A. SIGNATU	of e	suses stat			ending _	Med. Director	A. Lease	238. DATE SIGNED 04/29/7	2
	and hour and	N'S	ma	er Li	OEGREE Phy	ending 🗀	Med. Director	Staff	238. DATE SIGNED	2
	and hour and 23A, SIGNATU 23C, PHYSICIA NAME (T	N'S Ne	MOSE 1	Marti	OEGREE Phy	ending s. 23D. ADDRE	Med. Director	Stoff Phys.	04/29/7	2
24A	and hour and 23A. SIGNATU	N'S ype	ma	Marti	DEGREE Phy NAME of CEMETERY OF CR	ending	Med. Director	Stoff Phys.	238. DATE SIGNED 04/29/7 City, town, or county)	2 (Stote)
244	23A, SIGNATU 23A, SIGNATU 23C, PHYSICIA NAME (T	MATION, 248	MOSE 1	Marti	nez M.D. OEGREE NAME of CEMETERY or CR Greenmount Co:	ending Section 23D. ADDRE	Med. Director 24D.	Stoff Phys.	04/29/7	(Stote) Md.
	23A. SIGNATU 23C. PHYSICIA NAME (T. 8URIAL CREF REMOVAL (S. Crematic	MATION, 248	successions of the succession	Marti 24c.	nez M.D. OEGREE NAME of CEMETERY or CR Greenmount Co:	ematory ematory 23C. F0	Med. Director SSS 24D. G1 NERAL DIRECT	Soff Phys. Cocation (Cocation Ave	04/29/7 (ity, town, or county) Balto Address:	Md.
	23A. SIGNATU 23C. PHYSICIA NAME (T. 8URIAL CREF REMOVAL (S. Crematic	MATION, 248 Specify)	successions of the succession	Marti 24c.	nez M.D. OEGREE NAME OF CEMETERY OF CR Greenmount Ce: Cr	ematory ematory 23C. F0	Med. Director SSS 24D. G1 NERAL DIRECT	Soff Phys. Cocation (Cocation Ave	04/29/7 (ity, town, or county) Balto Address:	Md.

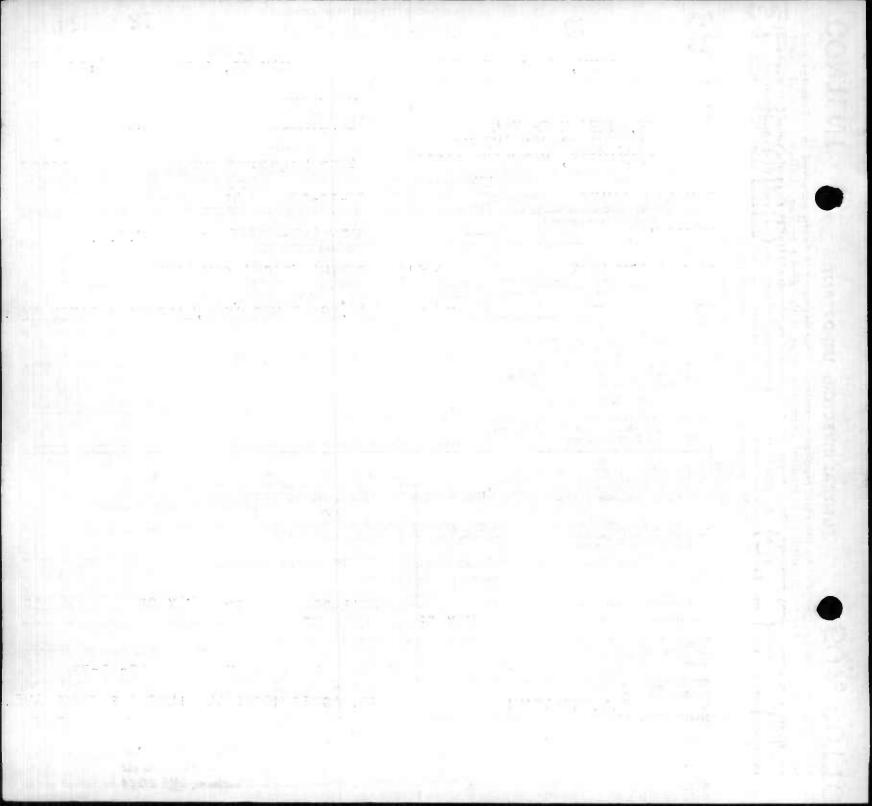


IMPORTANT FUNERAL DIRECTOR:

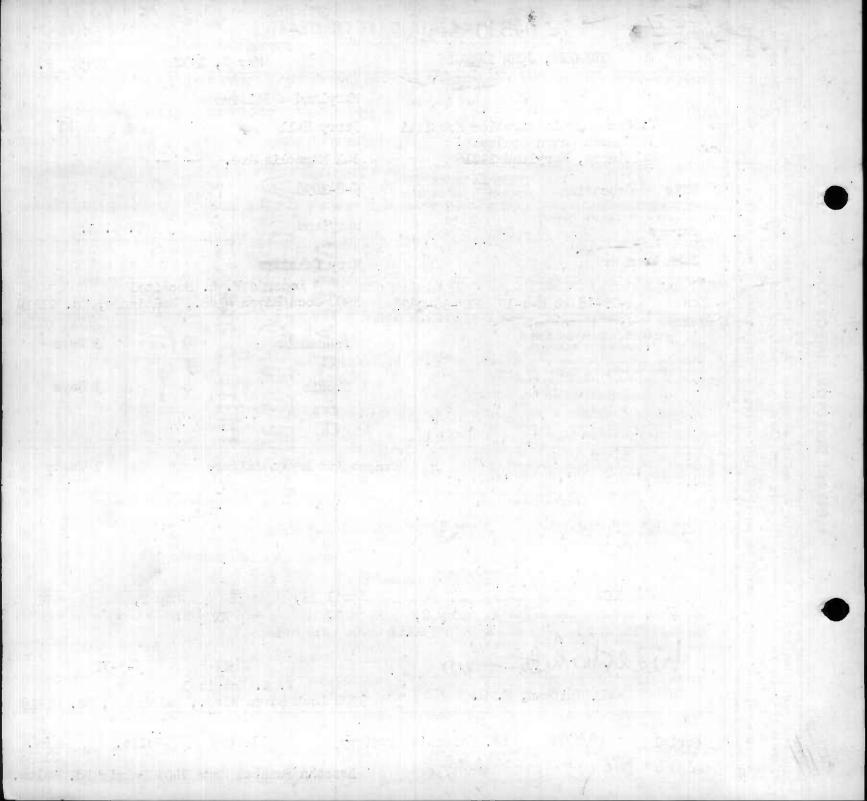
the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	11-632 000		HEALTH DEPARTMENT	REG. NO.	72 04329
В	11-630 72 0432	29 CERTIFICA	TE OF DEATH	KEG. 140.	V 2 2 2 2 1
	PE OF PRINT			ND HOUR OF DEATH	
	WIRTH, MARGA		MAY		8:30 Pm.
3.	PLACE IN BALTIMORE MARYLAND, WHERE PR	ONOUNCED DEAD	4. USUAL RESIDENCE (Wh	ere deceased lived. If in	stitution; residence before admission)
FL	ILL NAME OF (IF NOT IN HOSPITAL OR II OSPITAL OR ADDRESS OR LOCATION)	NSTITUTION, GIVE STREET	MARYLAND		2531
IN			C. CITY OR TOWN	D. INS	IDE CITY LIMITS?
	ST. AGNES HOSPIT		BALTIMORE		YES NO
	TO WILKENS ECATON		E. STREET AND NUMBER		
	BALTIMORE, MARY			JURNE ROAD	21229
5.	SEX 6. RACE 7. MAR	RIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Manths! Days Haurs Min.
		WED DIVORCED	08-30-28	43	
10	USUAL OCCUPATION (Give kind of work 10B, KIN to during most of working life, even if refired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	eign country)	12. CITIZEN OF WHAT COUNTRY?
	HOUSEWIFE		MARYLAND -BE	altimore	U.S.A.
	FATHER'S NAME		14. MOTHER'S MAIDEN NA		1 0.00.
11	THOMAS SCHWARTZ	DEC 1D	BERTHA (RIC	E) SCHWART	Z
15. (Ye	Was Deceased Ever in U. S. Anned Forces? s, no or unknown) (If yes, give wor or dates of sen	ice) SECURITY NO.	17. INFORMANT	1 5 1114 41	ADDRESS
H	NO	213-26-5606	Mr. Richard ST.AGNES HO	d B. Wirth	VENE C CATON AVI
	18.	CAUSE OF DEATH		STIPL WIL	KENS & CATON AVI
	DISEASE OR CONDITION DIRECTLY				BETWEEN ONSET AND DEATH
	LEADING TO DEATH	(A) IMMEDIATE CAU	se Hepatic co.	mid	1
	IThis does not mean the mode of dying, heart failure, asthenia, etc. It means the dis-	C.C. DIIETO OPACA	CONSEQUENCE OF:		************************
	injury ar complication which caused death.)	ouse,			
	ANTECEDENT CAUSES	. cerrhas	is of liver		
	DISEASES OR CONDITIONS, if any, gi	[8]	A CONSEQUENCE OF:		******************************
	rise to the above cause (A) staling UNDERLYING CONDITION last.	the weeks	Rollin		
	CHEERING CONDITION 1051	(C)	godga///		
Z	OTHER SIGNIFICANT CONDITIONS CONTRIBUT	NG /	2		,
АПО	TO THE DEATH BUT NOT RELATED TO THE TERMI DISEASE OR CONDITION GIVEN IN PART 1 (A).	NAL renal	insufficency	, ureme	K
5	19A-DATE OF OPERATION 198 CONDITION	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or N	a) 208. IF YES, WERE	FINDINGS CONSIDERED
CERTIFIC	WAS PERFORMED		NO	IN CERTIFYING CA	USES OF DEATH?
	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21 B. PLACE OF INJURY (e.g., in	or obout 21C. WHERE DID	(If In Baltimor	e City, give exact location)
	DEATH (notify medical examine)	home, form, foctory, street, off	ive sidgy instalkt OCCUR!		
100	21D-TIME (Month) (Doy) (Year) (Hour)	21E INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
A	OF INJURY (APPROX)	While At Not While			
		Work At Work			
	22. I certify that (I) (this hospital) attend			19 72 to MAY	
	that (1) (we) last sow the deceased alive	on MAY 03	1972ond ti	hat in (my) (our) opi	nion death occurred an the date
	and hour and from the causes stated above	re. (i) (We) (did) (did not) vi	ew the bady after deoth.		
	23A. SIGNATURE J. A. Khreelle	121,			23B, DATE SIGNED
	7 (or North	DEGREE Phys.	iding Med.	Staff Phys.	05-03-72
	23C. PHYSICIAN'S T. M.	DEGREE	3D. ADDRESS		
	F.A.KHORASIN		ST . AGNES HO	SPITAL, WIL	KENS & CATON AVE
24/		C. NAME OF CEMETERY OF CREATER	MATORY 24D. I	LOCATION (Ci	ly, town, or county) (State)

5/6/72 Burial New Cemetery -Bo Cathedral -Baltimore Mda 21229 ADDRESS 25A. DATE REC'D BY HEALTH DEPT. 25B 256. NAME OF REGISTRAR 3000 E. Baltimore St. VS 150-REV. 1/1/68



BALTIMORE C	CITY HEALTH DEPARTMENT	04330
72 04330 CERTIFIC	CATE OF DEATH AREG. NO.	
I, NAME OF DECEASED	2. DATE AND HOUR OF DEATH	
(Type or Print) TREMPER, JOHN FRANCIS	May 2, 1972	10:50 P. M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where decessed lived, if institution: re	osidonco beforo odmission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	Maryland Baltimore	S 5 6 6
Veterans Administration Hospital	Perry Hall	NO K
3900 Loch Raven Boulevard	E. STREET AND NUMBER	
Baltimore, Maryland 21218	361 Magnolia Ave.	
5. SEX 6. RACE 7. MARRIED NEVER MARRIED Male Caucasian WIDOWED DIVORCED	8. DATE OF BIRTH 5-8-1896 9. AGE (In years If Under Months 15 15 15 15 15 15 15 1	Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUS	STRY 11. BIRTHPLACE (Stolo or foreign country) 12. CITI.	ZEN OF WHAT COUNTRY?
done during most of working life, even if retired) Farmer Own	Maryland U.	S. A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
John Tremper	Mary Schaefer	
15. Was Deceased Ever in U. S. Armed Forcas? (Yos, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	17. INFORMANT Records V. A. Hospital	ADDRESS
Yes 4-29-18 to 8-4-19 219-36-0828	2000 7 1 5 5 5 5	ore. Md. 21218
18. CAUSE OF DE	EATH	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY	Pneumonia	3 Days
LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) IMMEDIATE (TO OR	CAUSE	
heart failure, asthenio, etc. If meons the disease,	AS A CONSEQUENCE OF:	
injury or complication which caused death.) ANTECEDENT CAUSES	Sepsis	3 Days
	R AS A CONSEQUENCE OF:	
DISEASES OR CONDITIONS, if any, giving DUE TO, OR rise to the above cause (A) stating the UNDERLYING CONDITION last. (C)	NO A CONSEQUENCE OF	***************************************
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING I TO THE DEATH BUT NOT RELATED TO THE TERMINAL V DISEASE OR CONDITION GIVEN IN PART 1 (A).	Congestive heart failure	2 Weeks
199. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF	CONSIDERED DEATH?
21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (o.	.g., in or obout 21 C. WHERE DID (If In Soltimore City, giv	a evert location)
	, office bldg., INJURY OCCUR?	• exact location;
0 210. TIME (Month) (Doy) (Your) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
S (APPROX.) While At Not V	While	
22. I certify that (+) (this haspital) attended the deceased fram	April 13, 1972 to May 2,	19.72
that (h) (we) last saw the deceased alive an May 2,		
and haur and fram the causes stated abave. (We) (did) (did no	view the bady after death.	
23A. SGNATURE	238. DA	TE SIGNED
Wall Whitm up	Attending Mod. Staff Tr. Phys. KX 5-	3-72
23C.PHYSICIAN'S NAME (Type) Walt Whitman, M. D.	23D. ADDRESS V. A. Hospital	401111
Walt Whitman, M. D.	3900 Loch Raven Blvd., Baltimo	re. Md. 21218
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF REMOVAL (Specify)	CREMATORY 24D. LOCATION (City, town,	or county) (State)
Burial 5/6/72 St. Joseph's C	emetery Fullerton Balto 25C. FUNERAL DIRECTOR	Md.
25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR		ADDRESS 21236
VS 150-REV. 1/1/68	1 Lassahn Tuneral Home 7401 Bel	air Rd. Balto.

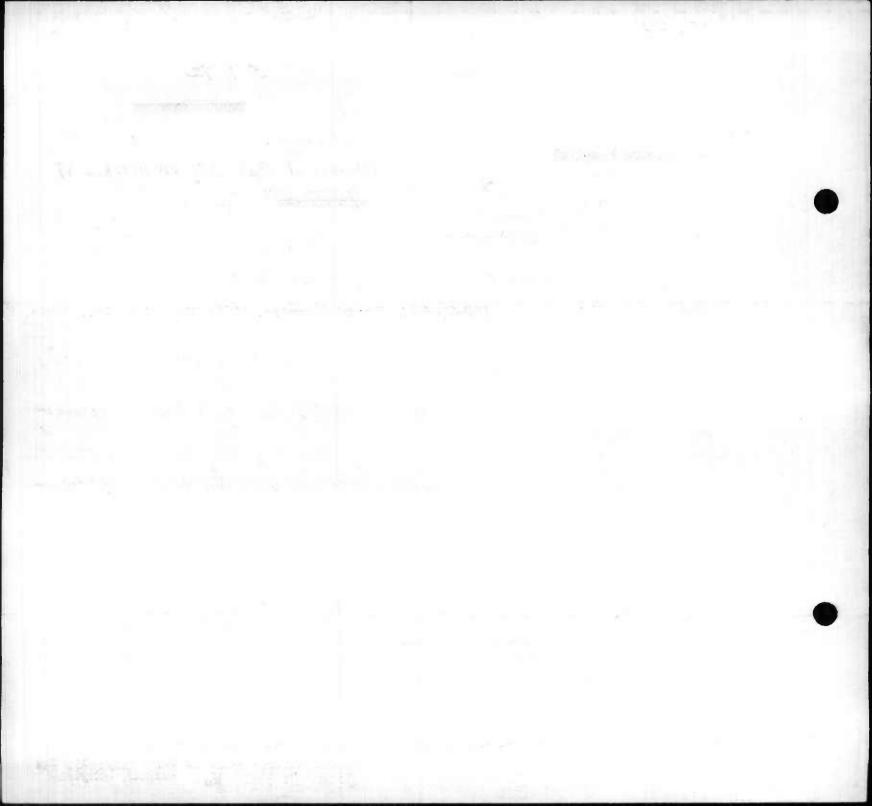


was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

	0		12	0433	BALTI	MORE CIT	Y HEALT	H DEPARTMEN	VT			72	()4	224	
1	-252				CER	TIFICA	TE C	OF DEAT	Н	REG.	NO	12	()'2	DOL	7
	RTH NO.	CED								Maura as	00.000				
		ANNA	m	Previote	ZXXXXXXX	PO TIMA	S	2.00	I D.	HOUR OF	L L/	n Pm.			
3.	PLACE IN BALTIA		-					AL RESIDENCE	(Where d	eceased li	ved. If in	vatitution: M	sidence f	refore ode	M.
							A. STA	TE B. (COUNTY		100 11 11	13111011011, 10	10	A DOM)
FL	JLL NAME OF	(IF NOT IN	N HOSPITA	AL OR INSTI	TUTION, GIVE	STREET		Marylan	d				100	05	
IN	иопитпа							ORTOWN Baltimo	re		D. INS	IDE CITY LI			
	55							EET AND NUME				YES A	N		
1	The John	s Hopk	cins	Hospi	tal			343 Hol		Str	eet		197		
5.	SEX 16.	RACE		7. ALADDIEF	NEVER M	4 00150	-	OF BIRTH		AGE (In ye		I If Under	1 Y.	If Under 2	A Man
	Female	Cuad		WIDOWEL	DIV	ORCED	3/:	15/87	lost	birthdayl		Months	Days H	lours	Min.
10	LUSUAL OCCUP	ATION (Give k	ind of work	108 KIND C	F BUSINESS OF	RINDUSTRY	11. BIRT	HPLACE (Stote o	or foreign	country)	0 59	12. CITI	ZEN OF W	HAT CO	UNTRY?
	Handfelle		11 10111007	Haas T	ailoring	Co.		Lithuar	nia				ΙΙ · Δ		
_	FATHER'S NAME				LIUZING		14. MO	THER'S MAIDEN					U.S.A	•	
	IInk	nown						Helm	7.00						
15.			Truck Fare	1007	16. SOCIAL		17 INC	Unknow	۷n				ADDRES		
	Wes Deceased Exs, no or unknown)	yes, give w	ar or dote:	of service)	SECURITY		11111	ZKWI ZARE					ADDRES	3	
	No				215-01			Leonard	Pojur	nas,	3509	Meado	wda 1e	Rd.	2120
	18.	191			CAUSE	OF DEAT	Н					1	APPROXI	MATE INTE	RVAL
		OR CONDIT		ECTLY										,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	DEATH
		ADING TO			CANIMA	AEDIATE CAI	ISE C	HF, F	Jest	., 5	rile	ne	pro	N Km	m
	(This does not	mean the	mode at	dying, e.g.	1			QUENCE OF:							7
	heart failure, as	ication which	il means	death)	P ₀										
		TECEDENT		COC NIGO											
	and the same				(8)								,	400000000000	
	DISEASES OR				DUE	E IO, OK AS	A CONS	EQUENCE OF:	- 0				2	4	
	UNDERLYING	CONDITION	last.		(c) (A	m	ur)	real for	ملاقبه	سمر	Jan	-ti	4/		
		- 11									-				
NO	OTHER SIGNIFICA	ANTCONDITIO	ONS COL	TRIBUTING								100			
ATIO	TO THE DEATH I	BUT NOT RELA IDITION GIVE	NTED TO THE	le terminal [] (a).	********								*********	******	*****
ERTIFIC	19A. DATE OF O		WAS PERF		WHICH OPERA	TION	20A.	AUTOPSYT (Yes Yes	or No) 20	CERTIFY	WERE	FINDINGS USES OF C	CONSIDE	ERED	
CE	21A. ACCIDENT OR CONTRIBUTE	WAS UNDE	RLYING	21	& PLACE OF IN	IJURY (e.g., i	n of obou	121C. WHERE D	ID	(If In	Boltimer	e City, give	exact lac	ation)	
AL	DEATH (notify m	NOLICAUSE	er)	ho	me, form, foctor	ly, street, o	ffice bldg.	INJURY OCCU	1 107						
EDIC		Month) (Doy)		(Hour 21	E INJURY OCC	110050		235 44044							
ME	OF INJURY	violinii (Doy	116011		hile At 🗀	Not Whit	. —	21F. HOW DIE	DINJURY	OCCUR?					
	(APPROX.)				ork 📙	Al Work									
	22. I certify th	at (1) (file	hospital	attended	the deceased	from	4.	-10	19_	72 ta	5	- 1		19)2
	that (1) (we) la		_				19	12 or			la Cru	nlan deat	h occurr	ed on th	e date
	and hour and fo				7	/ dt.d							000011	04 011 111	0 0010
	23A. SIGNATURE			ou obuves	in the talay	(ara nar) (lew the	bady after de	arn.			INTER DATE	ESIGNED		
	John	a.n	Let	t.TI		Athe	nding [Med. r	Staff	101		234 071	A		
				~ }		DEGREE Phy	s	Director L	Phys	,A		0 -		2	
	NAME (Type	1	,				23D. ADE		0 -						
	JOHN) H.	NE	SBIT	一川、丁	DEGREE	5	51-N.	BRO	HOU	N47				
24/	REMOVAL ISpe	ATION, 24B.	DATE	24C. N	IAME of CEME	TERY or CRI	MATORY	24	D. LOCA	TION	(Ci	ty, lown, a	countyl	151	ate)
	Buria1		4-197	2 Ne	w Cathed	ral Ce	meter	v	Ba 1	timor	e. M	arylar	nd		
25/	A. DATE REC'D BY	HEALTH DE			OF REGISTRAR			FUNERAL DIRE			, .,	-) - 1	ADDR	ESS	
	MAY K -	1072	201		Ban M. D. (1 7	701			0 1	/ 107	TT - 41			1000
VS	150-REV. 1/1/68	10/5	O COLD GAM		962	3,	1	loward H.	Hubb	ard,	410/	Wilke	ens A	ve. 2	1229



	2 FA)		BALTIMORE C	ITY HEA	LTH DEPART	MENT		يمو	9 04220	
BI	RTH NO.	72	043	32 CERTIFIC	ATE	OF DEA	ATH	REG. NO.		2 04332	
1,	NAME OF DEC	EASED		.00				ND HOUR OF DEA	TH		
	ype or Print)	oseph C. S	ou we	eine				5/1/72		1 2.5.5 PM	
3.	PLACE IN BAL	TIMORE, MARYLAND, W	HERE PRON	OUNCED DEAD	4. L	SUAL RESIDEN	B. COUN	IIY		residence before admission)	
H	ULL NAME OF OSPITAL OR ASTITUTION	(IF NOT IN HOSPIT	AL OR INST	ITUTION, GIVE STREET		C. CITY OR TOWN					
	34					2 11	ore		VES X		
	Bon Seco	urs Hospital			E. S	TREET AND N	UMBER		120 [2		
-	SEX					lemoria	al A	pt. 301	mcm	echen ST.	
3.		6. RACE	200	NEVER MARRIED	3.1	TE OF BIRTH	1887	9. AGE (In years lost birthdoy)	If Und Months	er 1 Ys. If Under 24 Hrs. Doys Hours Min.	
10	A. USUAL OCCL	JPATION (Give kind of work	WIDOWE		X	IRTHPLACE (Sto	GEX.	Sex 85	110 (11	TYPE OF THE PERSON NAMED IN	
do	ne auring most of A	Yorking life, even it refired)				A/	I /	ign country)	12. C11	TIZEN OF WHAT COUNTRY?	
13	Bookkee		ROOKK	eeping	14. 4	AOTHER'S MAI	7,	Me.		U.S	
	The 1	1. 5				TIA	IDEN NA	ME / /	1		
15.	Wos Decedsed	Front in II C Annual Face	wei	12 4	17 1	JTher-	0	rotthe	11-		
(Ye	sono of unknown)	all yes, give war or dote:	of service)	SECURITY NO.				10/0:		ADDRESS	
-	yes	WW 1		090-01-5684 CAUSE OF DE		ard Souw	veine,	, 12604 Ki	ngsfie.	ld La., Bowie,	
	1	E OR CONDITION DIR	ECTI V	CAUSE OF DE	A I I					APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH	
		LEADING TO DEATH		(A)IMMEDIATE O	Alice /	Porecui	trol	eart full	111	11100 h	
	heort failure.	of mean the mode of osthenio, etc. It means	the disease	/ /		SEQUENCE OF		Jacob Garage		and the same of th	
	injury or com	plicolian which caused	death.)	0 -	1-	0 0	100				
		NTECEDENT CAUSES		(B) // S	1100	cleroll	c Ne	ant less	are	yeary	
	rise la the	R CONDITIONS, if above cause (A)	staling the	g DUE 10, OK	AS A CO	NSEQUENCE O	Fi				
	UNDERLYING	CONDITION last.		(c)							
Z	OTHER SIGNIFI	II CANT CONDITIONS CON	TRIBITING	21	. /	TA	- //				
ATION	I TO THE DEATH	BUT NOT RELATED TO THE	ETERMINIAL	Chron	406	strugu	e Ve	ugaerla	H	geare	
ERTIFIC	19A-DATE OF	OPERATION 198, CONT	SOT NOITE	WHICH OPERATION	20	A. AUTOPSY? (Y	es or No	20R IF YES WER	E FINDINGS	CONSIDERED	
CERT	21A. ACCIDEN			D DI 4 CE OF MANAGE		Yes					
	OR CONTRIBUT	T WAS UNDERLYING TING CAUSE OF	hoi etc	B. PLACE OF INJURY (e.	affice bl	INJURY OC	E DID	(IC In Boltim	ore City, glv	re exoct locotion)	
DICAL		(Month) (Doy) (Year)			_			·			
MEDI	OF INJURY	tiviolilli (Doy) (Teon		LINJURY OCCURRED HILE AT Not W	hile 🖂	21F. HOW	ונאו פום	URY OCCUR?			
			W	ork L At Wo	rk 📙	, , , , , , ,	_				
		that (1) (this hospital) last sow the deceased				- P		9 72 to		19 크스	
						19 子文	ond the	it In (my) (aur) a	pinion dec	th occurred an the date	
	23A. SIGNATUR	from the causes state	d above,	P-(Te) (did) (did not	view t	ne body after	death.		122 B A 3	TE SIGNED	
	A	rmanu_		m.D. 6	Hending	Med.	П	Staff D			
	23C. PHYSICIAN	rs		DEGREE	23D. A	DDRESS	or L	Phys. 🖂 .		5/1/22	
	NAME (Ty	ARVORAL	VEE	m.D		BO	ON	SECOUN	S 40	ISPITAL.	
24/	REMOVAL (SE	ATION, 248. DATE	24C, N	AME of CEMETERY of	REMATO	RY	24D. LC	CATION (City, town, o	or county) (Stote)	
	urial		972 Ge	ttysburg Nat'	1. C	emeterv	Get	tysburg, I	enna		
25/	MATE REC'D	Y HEALTH DEPLO	SR. NAME	OF REGISTRAR			RECTOR	I Home of	9013 /	ADDRESS BOOK	
1		1912 16846	a 1230)	4 46 ()		Kobert	G. Be	all	Lanhar	Annapolis Road n, Maryland	
4.9	150-REV. 1/1/6										



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BI	3-652 7	2 043	7.7	HEALTH DEPARTMENT	REG. NO	72 04333
1,1	NAME OF DECEASED			2. DATE A	ND HOUR OF DEATH	
	Howard	H. E	Byrns	Apri	1 28 107	72 7.05 5 4
3.	PLACE IN BALTIMORE, MARYLAND, V	VHERE PRONO	UNCED DEAD	4. USUAL RESIDENCE Whe	re deceased lived, If i	nstitution: residence before admission)
FL He IN	JLL NAME OF (IF NOT IN HOSPIT ADDRESS OR LOC.	TAL OR INSTIT	UTION, GIVE STREET	C. CITY OR TOWN	Howard	SIDE CITY LIMITS?
ľ	Melchor Nurs	ing Ho	ome	woodstock	21163	YES NO
	70 2327 N. Char	les St		E. STREET AND NUMBER	0007ES	/ nu =
5.	SEX 6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Y., If Under 24 Hrs.
	MW	WIDOWED		11/22/1886	lost birthdoyl	Months Doys Hours Min.
10/	A. USUAL OCCUPATION (Give kind of working during most of working life, even if refired)	108 KIND O	BUSINESS OR INDUSTRY	W. BIRTHPLACE (Stale or lore	ign country)	12. CITIZEN OF WHAT COUNTRY?
dor	MainT.	Fa	RM	Wie in in	2	V. S. A.
13.	FATHER'S NAME	1 19	(6))	14. MOTHER'S MAIDEN NA	ME	0. 3, 1.
	11 N KNAW					
15.	Was Deceased Ever in U. S. Armed For	?	1 6. SOCIAL	17. INFORMANT	NowN	ADDRESS
(Ye	s, no or unknown) (If yes, give war or dote	s of service)	SECURITY NO.	200	11 152	6 GROOMES LANE
-	18.// / / /		CAUSE OF DEATH	MOSHAZE WIL	HER WOS	dstock, md 21163
	TIXIT	rost u	AUSE OF DEATH	1 1 1	1/ . 2	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DI	KECTLY	Arlenio	eclerolic Cardio	User balling	re Several Years
	(This does not mean the mode of	dying, e.g.,	(A) IMMEDIATE CAU	SE A CONSEQUENCE OF:		- Jens
	heatl failure, osthenia, etc. It means injury or complication which caused	the disease, death.)		a consequence of		
	ANTECEDENT CAUSES					
	DISEASES OR CONDITIONS, if	anv. aivina	(B) DUE TO, OR AS	A CONSEQUENCE OF:		*******************************
	sise to the above cause (A)	slaling the				
	UNDERLYING CONDITION last.		(c)		******	***************************************
N	OTHER SIGNIFICANT CONDITIONS CO	NTRIBITING	DI	7	1	6.
ATIC	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PAR	HE TERMINAL	1 vim	onary Empl	gylena	Sovenel yours
FIC	19A-DATE OF OPERATION 19B CON	DITION FOR V	WHICH OPERATION	20 A. AUTOPSY? (Yes or Ne	208. IF YES, WERE	FINDINGS CONSIDERED
CERTIFICATION				100	IN CERTIFYING CA	USES OF DEATH?
CAL	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examines)	21 B. horn etc.	e, form, foctory, street, of	or obout 21 C. WHERE DID	(II In Baltimor	re City, give exact location)
-	21D. TIME (Month) (Doy) (Year) OF INJURY	1	INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
Σ	(APPROXI	Whi	le At Not White			
	22. I certify that (I) (this hospital			Jar. 4	072	Apr. 28 1972
	that (1) (me) last saw the decease		Apr. 26	19 22 and al	nt in (mu) (mus) and	nion death occurred an the date
	and haur and from the causes stat) (No) (AN) (AIA)		- intmy touch obt	mon death occurred an the date
	23A. SIGNATURE	2	, the ford (are not) A	and the body diter death.		23B, DATE SIGNED
	Ton 11/1	eauro.	MS Atter	Med.	Staff [7]	11/29/22
	23C. PSYSICIAN NAME (Type)	- Mariner	begree Phys.	3D. ADDRESS //	Phys. L	1/21/1
	NAME (TYPE) LOY M	immo	Wmun MD	3202 Harta	JAJB-	Timare Mil
24A	BURIAN CREMATION, 24B. DATE	24C. NA	DEGREE OF CREATERY OF CREATERY	MATORY 1919	al tallon	1111016,114
	REMOVAL (Specify)				CATION (Ci	ly, town, or county! (Stote)
25A	13unial 5-2-7	258 NAME C	TLETT MEI	Thodist CEn CA	ILETT	VA.
		P Page	a. AZZ	25C. FUNERAL DIRECTOR	3871 Colum	
VS	150-REV. 1/1/68	and during	ay Tab.	The same and the salt	-Slack Fur	neral Home nd.

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West fork 21163

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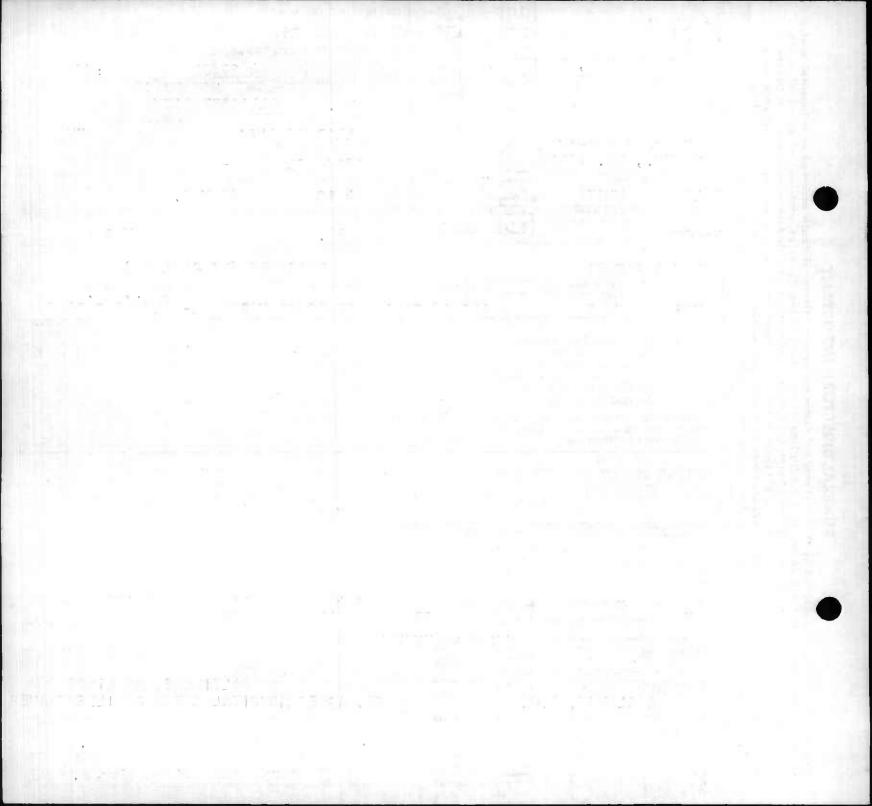
No Horst Wilde Westerness Lane

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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1			RALTIMOPE CITY	HEALTH DEPARTM	ENIT	
7-260 BIRTH NO.	72 (4334		TE OF DEA		72 04334
I. NAME OF DECE				2. D	ATE AND HOUR OF DEATH	1
(Type or Print)	FISHER, LEM	UE L L			4 27 72	1 6:55PM M.
	IMORE, MARYLAND, WH					institutions residence before admission)
FULL NAME OF HOSMIAL OR INSTITUTION	ADDRESS OR LOCAT	OR INSTITUTION	ON, GIVE STREET	C. CITY OR TOWN		SIDE CITY LIMITS?
CT ACM	ES HOSPITAL			ELLICOTT		YES NX
BALTO.	, MD. 21229			10306 GL		
MALE	WHITE	WIDOWED	DIVORCED	6 4 10	9. AGE (In years lost birthday) YRS.	H Under 1 Yr. If Under 24 His. Manths Days Haurs Min.
IOA, USUAL OCCU	PATION (Give kind of work)	B, KIND OF BU	SINESS OR INDUSTRY	11. BIRTHPLACE (Stote	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
TEACHER	rorking life, even if retired)	High Sc	chool	PA.		USA
				14. MOTHER'S MAID		
THOMAS	FISHER			MARG	ARET (MC CLE	LLANG.
(Yes, no of unknown)	Ever in U. S. Anned Force (It yes, give war ar dotes	of servicel	SOCIAL SECURITY NO.	17. INFORMANT	RΔ	LTO., APPRESS
YES	WW 2		3 18 0221	ST AGNE	S HOSPITAL-W	ILKENS & CATON
18.	X		CAUSE OF DEAT	H Generaly	ad peretonit	APPROXIMATE INTERVAL
DISEASI	OR CONDITION DIRE	CTLY	ceirl	7 //	6 /	BETWEEN ONSET AND DEATH
	LEADING TO DEATH		(A) IMMEDIATE CAL	ISE Depatie	of pelice al	Bules 2-3 who
(This does no	ot mean the mode of distheria, etc. It means th	ying, e.g.,	DUE TO, OR AS	A CONSEQUENCE OF:		
Injury or comp	olication which caused d	eath.)	0 5	. 2		
A	NTECEDENT CAUSES		hube		cerrherie	3+594
DISEASES OF	R CONDITIONS, if an	y, giving	DUE TO, OR AS	A CONSEQUENCE OF		
	above cause (A) s CONDITION last	lating the	10 Bro	enchosse	remane	3-yearly
	11		(0)			
TO THE DEATH	CANT CONDITIONS CONT BUT NOT RELATED TO THE ENDITION GIVEN IN PART I		Flerenkos	is Porta- (coval Shew	t 2 rues.
	OPERATION 19% CONDI WAS PERFO	TION FOR WHIC	CH OPERATION	20A. AUTOPSY? (Ye	OF No. 208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED
OR CONTRIBUT	T WAS UNDERLYING THOSE CAUSE OF	21 B. PLA home, to etc.)	CE OF INJURY (e.g., in the community of	n or obout 21 C. WHERE fice bldg. INJURY OC	DID (If in Boltimo	ore City, give exoct location)
21 D. TIME OF INJURY (APPROX.)	(Month) (Day) (Year)	White A	URY OCCURRED Not While		DID INJURY OCCUR?	
	4 . 44 / . 1	Work	At Work	2 /	7.0	1.
	hat (X) (this hospital) ast saw the deceased		4 27	19 72	ond that In(my) (our) op	Inlon death occurred an the date
and have and	fram the causes stated	above (V) (W	e) (qiq) (qivi yan).	New the bady after a	leath.	
23A. SIGNATUR	£	ΛΛ.	A A WWW	/		238, DATE SIGNED
	Du alor	uso u	Alte	nding Med.	Staff	
23 C. PHYSICIAN		0	D F G WEET	Director		E, MD 21229
NAME (Ty	ALONSO, M.	D :				ON & WILKENS AVES
24A. BURIAL CREM			of CEMETERY OF CRE			
Burial	5/2/72					City, town, or county) (State)
			rest Lawn C		Johnstown	Penna.
25A. DATE REC'D		B NAME OF RE		25C. FUNERAL DI		ADDRESS
MAY 5 -	प्राट जिल्ला स	Validay A		SLACK FOR	nergl Home Elli	cott City, Md. 21043
VS 150-REV. 1/1/61	8					

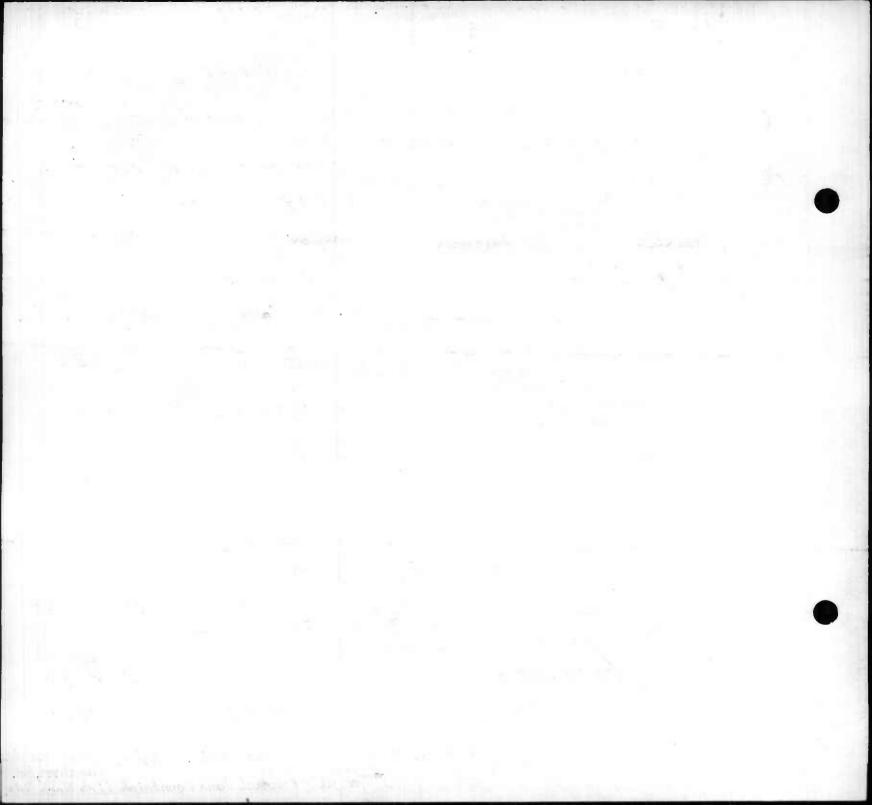


the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shaws: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased This certificate must be approved by the chief medical examiner or his assistant if death accurred in a hospital and was in regular attendance on the deceased priar to death); and (6) Na physician was in regular attendance on the deceased prior to death. Such written approval must be obtained befare the remains are embalmed or final disposition is made. was D.O.A. at a haspital (except where the physician who pronounced death

BALTIMORE CITY HEALTH DEPARTMENT

Funeral Home Mountains

EIRTH NO.	2 04335 CERTIFICA	TE OF DEATH REG. NO.	72 04333
ILLIAMIE OF DECEASED		2. DATE AND HOUR OF DEA	714
(Type or Print) LUCKERT	ANA	J-2.72	1 8:00 pin
3. PLACE IN BALTIMORE, MARYLAND, V		4. USUAL RESIDENCE (Where decrosed lived. A. STATE 8. COUNTY	If institution; residence before odmission)
FULL NAME OF HOSPITAL OR ADDRESS OR LOC	TAL OR INSTITUTION, GIVE STREET	Maryland	2755
SINGI HOSPITA	LOF BALTIMORE	Baltimore	NSIDE CITY LIMITS? YES NO
42		E. STREET AND NUMBER 5713 GREENS AR.	nes ave of 9
5. SEX 6. RACE	7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (I'm years	
C C	WIDOWED DIVORCED	9-17 97 lost birthdoy) 7:	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
OA. USUAL OCCUPATION (Give kind of worldone during most of working life, even if refired)	TRITOR KIND OF BUSINESS OR INDUSTRY	11. SIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 3. FATHER'S NAME	Homemaker	Maryland	USA
71		14. MOTHER'S MAIDEN NAME	
Thomas Clayland		Lula Armacost	
5. Was Deceased Ever in U. S. Armed For res, no or unknown) (11 yes, give war or date	es of service) 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS 21 200
No	212-07-9560	Mrs. Norma Fonte 5713 9	reenspring Ave. Balto.
DISEASE OR CONDITION DI	CAUSE OF DEATH	1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
LEADING TO DEATH			74.
(This does not meen the mode of heart failure, asthenia, etc. It means injury ar camplication which caused	the disease. DUE TO, OR AS	SE SEATIOEMIN A CONSEQUENCE OF:	21-
ANTECEDENT CAUSES		DNEUMONIA	3 1:
DISEASES OR CONDITIONS, if	gny, giving DUE TO, OR AS	A CONSEQUENCE OF:	<i>→ ∧ ∧</i> .
rise to the obove cause (A) UNDERLYING CONDITION last.	stoling the	A- 2UNG	14.
OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PAR	HE TERMINAL	ASCVA	20 4
19A-DATE OF OPERATION 19B. CON WAS PERI	DITION FOR WHICH OPERATION	20A. AUTOPSY? (Yos or No.) 20B. IF YES, WEI	RE FINDINGS CONSIDERED CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, off elc.)	or obout 21 C. WHERE DID (If In Boltinice bldg., INJURY OCCUR?	nore City, give exact location)
21D-TIME (Month) (Doy) (Yeoi) OF INJURY (APPROX.)	While At Not While		
22 1	Work L At Work		
22. I certify that (1) (this hospital that (1) (we) last saw the decease		19 7 and that In (my) (aur) a	V- Z 19 7 Z
	ted abave. (i) (We) (did) (did nat) vi	ew the hady after decit	printan death accurred on the date
23A. SIGNATURE	The fact (are unit A	on the budy differ dedin.	DATE CIGNED
Guner	PREZ After Phys.	ding Med. Stoff Phys.	23B. DATE SIGNED
23C.PHYSICIAN'S NAME (Type)	DEGREE	3D. ADDRESS	1 0.
IA. BURIAL CREMATION, 24B, DATE	24C. NAME of CEMETERY OF CREE	3/NA1 40-17A1	CALTITORE
Burial 5/6/72	6 1 11 11 6		City, town, or county) (Stote)
SA. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	Maryland DDAESS
MAY 5 - 1972 P.R. A.	P 30 a 20 8	Mc Cully Funeral Home M	asucena, 110

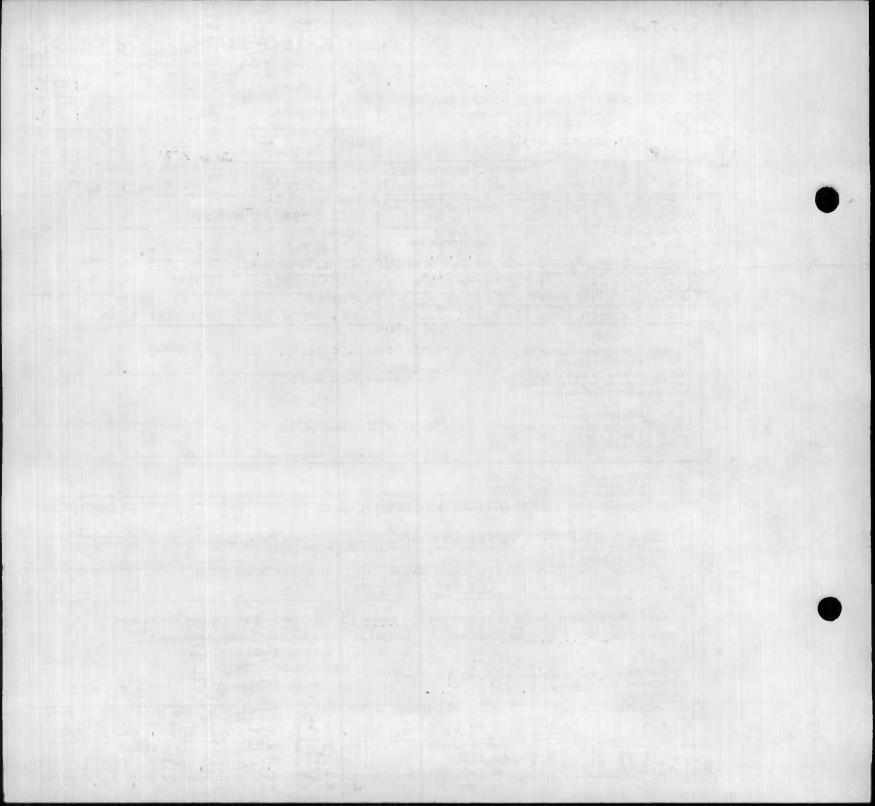


5-545

72 04336 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH
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5-545		EY A MAINIED'S	CERTIFICATE OF DEATH BEGINS	70 04220
BIRTH NO.	MILDICAL	LAMMINALKS	REG. NO	72 04336
1. NAME OF DECEASED	THOMAS	L. SCANLON Sr.	2. DATE Known X Month Doy OF Estimoted May 1, 197	2 Yeor Hnur 2:15 P. M
4. PLACE IN BALTIMORE, MAR	YLAND, WHERE PI	ONOUNCED DEAD	3. DATE Month Doy	Year Hour
HOSPITAL ADDRES	IN HOSPITAL OR INS	INUTION, GIVE STREET	PRONOUNCED DEAD May 1, 197	2 12:15 P.
or institution St. Agr	nes Hospita	11	5. USUAL RESIDENCE (Where deceased lived. If institution A. STATE Maryland B. COUNTY	Anne Arundel
6. SEX 7. RACE	8. MARI	TED NEVER MARRIED	C. CITY OR TOWN D. INSIDE	CITY LIMITS?
Male Whit	e widov	PED DIVORCED	Glen Burniere	YES NO
1/24/30	10.AGE (In years lost birthday) 42	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.	E. STREET AND NUMBER 1012 Rose Anne Road	
11. BIRTHPLACE (State or foreign	country)	12. CITIZEN OF	13. FATHER'S NAME	
Maryland		WHAT COUNTRY?	Patrick H. Scanlon Si	
4A-USUAL OCCUPATION (Give I	kind of work 148. KIND	OF BUSINESS OR INDUSTR	15. MOTHER'S MAIDEN NAME	
Tron Worker	Con	struction	Anastasia Smith	
16. WAS DECEASED EVER IN U. Yes, no or unknown) (II yes, give wo	S. ARMED FORCES	7 17. SOCIAL SECURITY NO. 218226370		ADDRESS
Yes, no or unknown) (il yes, give wo Yes Korean	Conflic	t 218226370 CAUSE OF DEA	Mrs. Mary Anne Scanlon	Same APPROXIMATE INTERVAL
DISEASE OR CONDITION LEADING TO I (This does not meen the ment follure, osthenio, etc. ii injury or complication which ANTECEDENT C. DISEASES OR CONDITION RISE TO THE ABOVE CAUS UNDERLYING CONDITION OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT R. DISEASE OR CONDITION G. 20A. DATE OF OPERATION	DEATH node of dylng, e.g., I means the disease, coused death.) AUSES NS, IF ANY, GIVING SE (A) STATING THE DN LAST. DITIONS CONTRIBUTIONS CONTRIBUTIONS IN PART I (A)	(A)IMMEDIATE (DUE TO, OR ADDRESS OF ADDRESS	AS A CONSEQUENCE OF:	21. AUTOPSY? (Yes or No)
				Yes
 ✓ 22A. EXTERNAL CAUSE W UNDERLYING ☐ OR CONTR UTING ☐ CAUSE OF DEATH 	RIB-	22B. PLACE OF INJURY (e.g., home, tarm, lactory, street, office	in or about 22C. WHERE DID (II in Baltimore City, give ex bidg., etc.) INJURY OCCUR?	act location)
Z 22D. TIME (Month) (Do OF INJURY (APPROX.)	y) (Year) (Hou		22F. HOW DID INJURY OCCUR? WHILE	
23. I certify that I hele resulted from National SIGNATURE EXAMINER'S NAME (Type)		Accident De	PULTY CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER	
	B. DATE	24C. NAME of CEMETERY		
REMOVAL (Specify)	. DAIE			n, or county) (State)
REMOVAL (Specify) Burial 25A. DATE REC'D BY HEALTH DE	5/5/72	Glen Haven		



D END TO	BALTIMORE CITY	HEALTH DEPARTMENT	~2 0/337
R-520 72 04337	CERTIFICA	TE OF DEATH X REG. NO	72 04337
1. NAME OF DECEASED (Type or Print)		2. DATE AND HOUR OF DEATH	
BELDIAN RAMSEY 3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOL	INCED DEAD	05-02-72 4. USUAL RESIDENCE (Where deceased lived, If i	nstitution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)	ITION, GIVE STREET	c. CHY OR TOWN D. INS	TIMORE STORES
33 THE JOHNS HOPKINS HO BALTIMORE, MD 21205	SPITAL	BALTIMORE 21220	YES NO POOK
BALTIMORE, MD 21203		2001 OAKLAND ROAD	
5. SEX 6. RACE 7. MARRIED WIDOWED WIDOWED	NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 9. AGE (In years lost birthday) 12-08-12 59	If Under 1 Yr. If Under 24 Hrs. Manths Days Hours Min.
ion. USOAL OCCUPATION (Give kind of work 108, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Garrett Co., Md.	USA.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
CECTI. RAMSEY 15. Was Decased Ever in U. S. Armed Farces?	1 6. SOCIAL	ETHEL FRIEND	ADDRESS
(Yes, na ar unknawn) (If yes, give war or dotes of service) No	212 18 1390	Mildred V. Ramsey	Same
LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or camplication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION lost.	(8) Mu	Islandiogenic Shoc A CONSEQUENCE OF: Ltiph Valfulay di, A CONSEQUENCE OF:	several sease yeary
DISEASE OR CONDITION GIVEN IN PART 1 (A). 19 A. DATE OF OPERATION 198. CONDITION FOR WAS PERFORMED WAS PERFORMED U 21 A. ACCIDENT WAS UNDERLYING 218. hom OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer)	PLACE OF INJURY (e.g., i e, form, foctory, street, al	n ar about 21 C. WHERE DID (If in Soltimo	FINDINGS CONSIDERED AUSES OF DEATH?
□ □ OF INJURY	Injury OCCURRED Not While At Work	21F. HOW DID INJURY OCCUR?	/ /
22. I certify that (I) this haspital attended to that (I) we last saw the deceased alive an and haur and from the causes stated above. (I	5/2/7	2 19 and that in (my) Gur ap	S/2/7 Z 19 , sinian death accurred an the date
23C. PHYSICIAN'S	GEGREE Phy	anding Med. Staff birector Phys. 23D. APPRESS	5/1/72
NAME ITYPE G, SERAKH	A, MD DEGREE	John Hopkins 1	ospital,
24A. BURIAL CREMATION, REMOVAL (Specify) Burial 248. DATE 24C.N/ 5/6/72 Fri	end Cemetery	Garrett Co.	City, town, ar caunty) (State)
25A, DATE REC'D BY HEALTH DEPT. 25B, NAME C		25C. FRANKS AL DIRECTOR	me 1407 Eastern Ave
VS 150-REV. 1/1/6B	the Maria	1000200	

if the second se ACT SEC. CO Warried Company of State Spiel. To immag with testing themself once as seen The state of the s Tributa Street Sendent

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

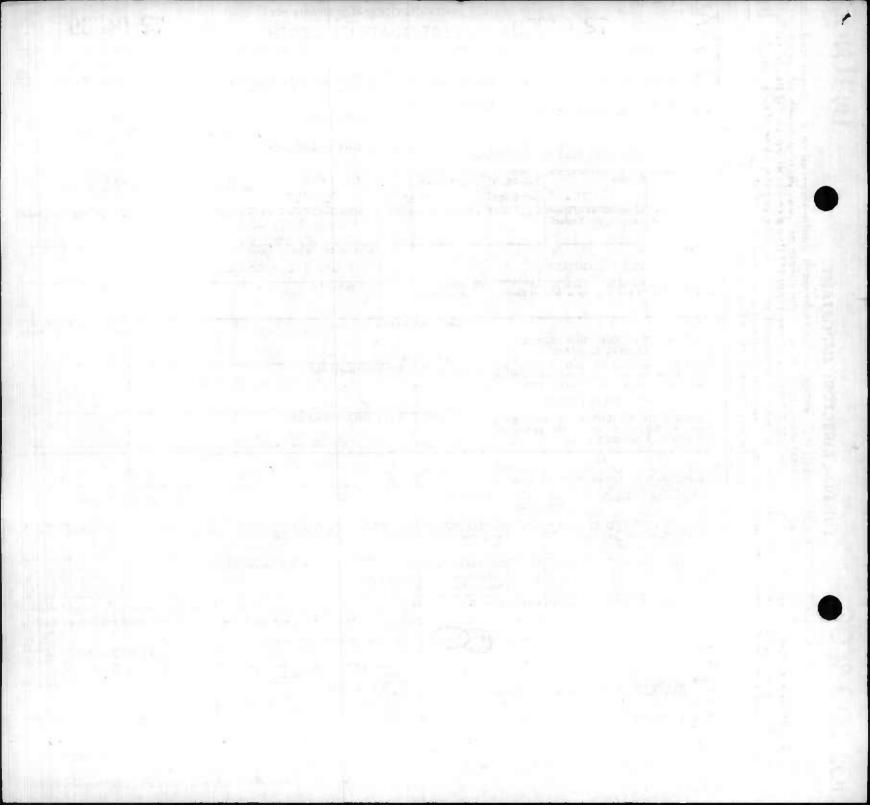
4338	BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH	REG. NO	72	04338
	2. DATE AND	HOUR OF DEATH		21 1

NAME OF DECEASED	Elice Thompson	21	TO HOUR OF DEATH	a' will for
PLACE IN BALTIMORE MARYLAND, W		4. USUAL RESIDENCE (Who	to deceased fixed. If	institution: residence before admission
	The second second	MARYLAND	ΥTY	804
FULL NAME OF HIS NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR AODRESS OR LOCATION)		C. CITY OR TOWN	In IN	SIDE CITY LIMITS?
		BALTIMORE	7	YES NO
THE JOHNS HOPK	INS H SPITAL	E. STREET AND NUMBER		
5.3		1531 N. PAT	TERSON PA	RK AVE
SEX 6. RACE	7. MARRIED NEVER MARRIED		9. AGE (In years last birthday)	Months Days Hours Min.
FEMALE NEGRO	WIDOWED DIVORCED			
A, USUAL OCCUPATION (Give kind of work one during most of working life, even if refired)	108, KIND OF BUSINESS OR INDUSTR	Johns Hopk	ins Hospi	tal
		Baltimore,		
FATHER'S NAME		14. MOTHER'S MAIDEN NA		
KIRK STINETTE		AUDREY	THOMPS	N
Was Decessed Ever In U.S. Anned For es, no or unknown) lif yes, give war or date	res? Is of service) SECURITY NO.	17. INFORMANT		ADDRESS
18, 776.	CAUSE OF DEA	TH		APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
DISEASE OR CONDITION DI	RECTLY	1	1-	+ 2- 6
LEADING TO DEATH	(A)IMMEDIATE CA	AUSE/ INCXIA & CA	ulla por	el 30 mende
(This does not mean the mode of heart failure, aethenia, etc. It means	dying, a.g., put to on a	S A CONSEQUENCE OF:		
injury or complication which caused	death.)	. / .		
injury or complication which caused	death.)	teler mentano	Simbore	48hours
ANTECEDENT CAUSES	death)	Teler mentare	Seisene	48hours
Injury or complication which caused	death.) any, giving (8) DUE TO/OR A	Teles mentages	Secure	4 Shows
ANTECEDENT CAUSES DISEASES OR CONDITIONS, If	death.) any, giving (8) DUE TO/OR A	telis mentagre is a consequence of: remotienty	Seiene	48haus
ANTECEDENT CAUSES DISEASES OR CONDITIONS, If rise to the above cause (A) UNDERLYING CONDITION last.	eny, giving (8) DUE TO, OR A	Teler mentare AS A CONSEQUENCE OF: Temptienty	Seiene	48hous
ANTECEDENT CAUSES DISEASES OR CONDITIONS, If rise to the above cause (A) UNDERLYING CONDITION lost.	eny, giving stating the (c)	Telers mentage is a consequence of: remotively	Seisene	48hous
Injury or complication which equivalent CAUSES ANTECEDENT CAUSES DISEASES OR CONDITIONS, if the lot the above cause (A) UNDERLYING CONDITION last. Il OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PART	any, giving stoling the (c) DUE TO/ OR A (C)	remotivity		
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MCCAROR, PARCON DELL'AND DELL'

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the written approval must be obtained before the remains are embalmed or final disposition is made.

-	T-512 72 0433	9		HEALTH DEPARTMENT TE OF DEATH	REG. NO. 72	04339
1.1	NAME OF DECEASED THOMPS or Print	41	RALUZIU	2. DATE AND HO	UR OF DEATH	(1'00 0
3.	PLACE IN BALTIMORE, MARYLAND, WHER	E PRONOU	IN CED DEAD	4. USUAL RESIDENCE I Where dece	ased lived, Il institution:	esidence before admission
II H	JLL NAME OF (IF NOT IN HOSPITAL OF ADDRESS OR LOCATIO	OR INSTITU	TON, GIVE STREET	A. STATE & COUNTY		V48
IN	ISTITUTION			Washington, D.	.C. D. INSIDE CITY L	NO T
9	The Johns Hopkins H	Hospi	tal	E. STREET AND NUMBER 1725 Junifer S		NOL
5.	SEX 6- RACE 7- A	AARRIED [NEVER MARRIED XX	8. DATE OF BIRTH 19. AGE		r 1 Yr. II Under 24 Hrs. Days Hours Min.
	Male Cauc. w	DOWED	DIVORCED	4/27/72		Doys Hours Min.
dor	LUSUAL OCCUPATION (Give kind of work 108, ne during most of working life, even if refired)	KIND OF		Johns Hopkins	Hospital	ZEN OF WHAT COUNTRY?
13.	FATHER'S NAME			Baltimore, Mar 14. MOTHER'S MAIDEN NAME	yland	
	Hunter Thompson			Sandra Conkl	in	
15. (Ye	Was Deceased Ever in U. S. Armed Forces? s, no or unknown! (If yes, give war ar dates of	servicel	1 & SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
MEDICAL	DISEASE OR CONDITION DIRECT LEADING TO DEATH (This does not mean the mode of dyinheart failure, asthenia, etc. It means the injury of complication which caused dea ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, rise to the above cause IA) stat UNDERLYING CONDITION last, OTHER SIGNIFICANT CONDITIONS CONTRITO THE DEATH BUT NOT RELATED TO THE TE DISEASE OR CONDITION GIVEN IN PART 1 (19A.DATE OF OPERATION 19R. CONDITION WAS PERFORN 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING AUSE OF DEATH (notify medical exomined) 21D. TIME (Month) (Day) (Year) (Heapprox.)	glving ing the BUTING RMINAL A). POR WALD 21 E. While Work	(B) DUE TO, OR AS (C) FRY EXCLARA HICH OPERATION PLACE OF INJURY (e.g., in form, fociory, street, offi INJURY OCCURRED B At Not While At Work	CONSEQUENCE OF: Jeding Jys (YDS) A CONSEQUENCE OF: ACONSEQUENCE	IF YES, WERE FINDINGS CERTIFING CAUSES OF IN	
	that M (we) last saw the deceased all and hour and from the causes stated at 23A. SIGNATURE	bove. (V)	(Wa) (did) (did nat) vi	and that In (mew the bady after death. ding Med. Stoff Phys. Fig. Address The Johns Hopki	ns Hospital	E SIGNED
254			REGISTRAR	25C. FUNERAL DIRECTOR	oaanay	ADDRESS
VS	150-REV. 1/1/68	tale the same	445 U U	3 HOSPIPAL	DISPOSAL	



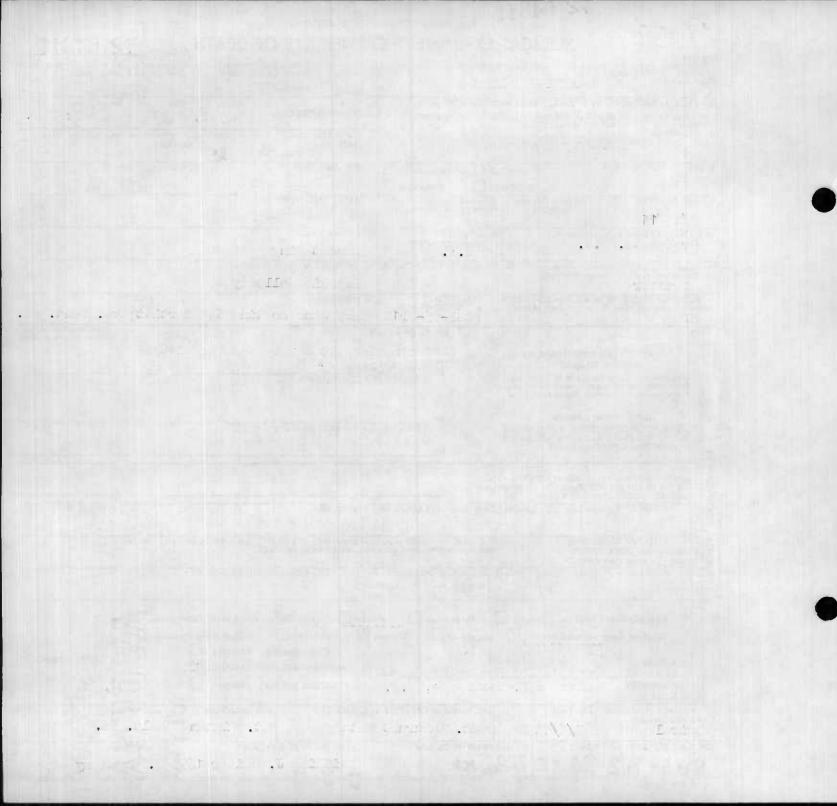
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

H-543 72 0434		HEALTH DEPARTMENT	REG NO	72 04340 Me
BIRTH NO.	CERTIFICA	TE OF DEATH	KEO. 110.	
T. NAME OF DESEASED (Type of Print) RAYMOUD F. H	AMILTON	2. DATE A	SIST 2	5 53 A
3. PLACE IN BALTIMORE, MARYLAND, WHERE PR	ONOUNCED DEAD	A. STATE B. COU	ere deceased lived. If insti	tution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR IN HOSPITAL OR IN ADDRESS OR LOCATION)	ISTITUTION, GIVE STREET	MARYLAND		14-03
	+ HOSPITAL	BALTIMOR		YES NO T
Mile dies describe	1001.111	E. STREET AND NUMBER		
		338 PRES	STMAN ST	, 2/2/7
MAKE NEGRO WIDON	WED DIVORCED	8 DATE OF BIRTH	lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIN) done during most of working life, even if refired)	OF BUSINESS OR INDUSTRY	11. BRITHPLACE (State of for	eign Country!	12. CITIZEN OF WHAT COUNTRY?
	t. chouses	S.C.		U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA		
FRANK WILLIAM	ms	GERTRUDE	E JONES	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or doles of servi	16. SOCIAL	17. INFORMANT	- 1	ADDRESS
1155 14.111.7	SECURITY NO.	Estall = h	Ina: Idaa)	2002 FRODEN DE
8.202.9	CAUSE OF DEATH	ESTELLE !	HIME STONA	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY		Λ .	a	BETWEEN ONSET AND DEATH
LEADING TO DEATH	(A) IMMEDIATE CAU	SE HSPIRATI	10 pu	2/2 hp
IThis does not mean the mode of dying, heart failure, asthenia, etc. It means the dise	dse, DUE TO, OR AS A	A COMSEQUENCE OF:		
injury or complication which caused death.)	D	1 Pains	1 · A	W 2 00 m
ANTECEDENT CAUSES	(B) Y	L PREYM	or in	- mys
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UNDERLYING CONDITION last.	(c) 7 C CO	Hoysm	***************************************	20-50 YES.
z II				
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OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 17B. CONDITION F WAS PERFORMED	OR WHICH OPERATION	20A. AUTOPSY? IV. or N	oll 208 to VEC WERE EIN	DINGS CONSIDERED
WAS PERFORMED			IN CERTIFYING CAUSE	S OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B PLACE OF INJURY (e.g., inhome, form, foctory, street, off	or a bout 21 C. WHERE DID	(If In Boltimore C	ity, give exact location)
	21E INJURY OCCURRED	21F. HOW DID INJ	IURY OCCUR?	
(APPROXI	While Not While Work At Work			
22. I certify that (1) (this hospital) attended		Cald .	10 MD.	
that (i) (we)-last saw the deceased alive		1022	19 70 10	on death occurred on the date
and hour and from the causes stated above			ervin(my) est epinio	n death occurred on the date
23A, SIGNATURE	(1) (me) (did) (ene-max) VI	ew the bady after death.	- 122	B. DATE SIGNED
Harry Ro Deal	Anor	nding Med.	Staff Staff	E-18-710
23C.PHYSICIAN'S	DEGREE Phys.	3D. ADDRESS	Phys. D	3-3-12
NAME (Type)	Carse MA	MARKINGE	GEN. 1	Haco.
24A. BURIAL CREMATION 24B. DATE	NAME OF CEMETERY OF CRE	MATORY 1240 1		town or countril (Sect.)
REMOVAL (Specify)	ut. aubu		of Me	town, or county) (State)
25A. DATE REC'D BY HEALTH DEPT. 25B. NAM			eco.	ADDATE
MAY 5 - 1972 Walls	AD OF REGISTRAR	Chatrian To	year Home-17	or michelah &
VS 150-REV. 1/1/68				

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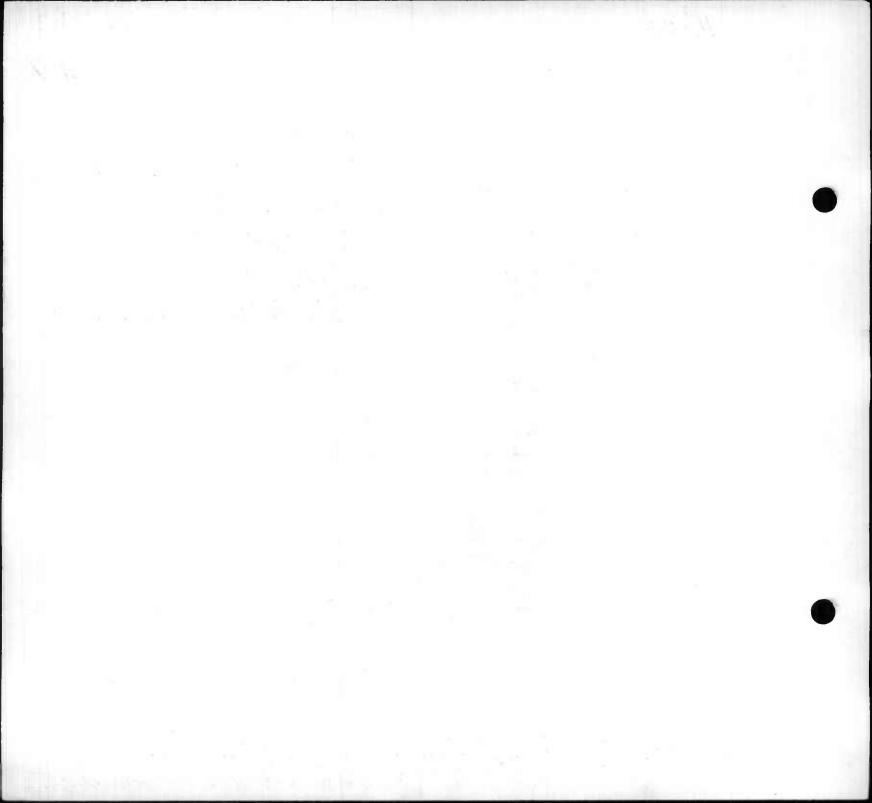
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17	->		- JAT	BA	LTIMORE CITY HE	ALTH DEP	ARTMENT					•
(-00	0	MED	ICAL	EXA	MINER'S	CERTIF	ICATE C	OF DEA	HTA		79	04344
BIRTH NO.		***************************************							****	REG. NO	1 600	(3,3,3,3,4,1)
1. NAME OF DEC	CEASED					2. DATE	Knawn [Manth	1	Day	Year	Hour
(Type or Print)		ANNIE	CAN	NON		DEATH	Estimoted					
4. PLACE IN BAL	TIMORE, M	ARYLAND, W	HERE PRO	NOUN	ICED DEAD	3. DATE		Month		Day	Year	Hour
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NO	TIN HOSPITA	LOR INSTIT	UTION,	GIVE STREET		DUNCED DEAD			1972		₩7:55 P.
OKINSIIIOIION	1306	Argyle	Avenue	9		A. STATE	Maryla			COUNTY	residence	before admission)
6. SEX	7. RACE		8. MADDIC	пПл	EVER MARRIED	C. CITY C			D	INSIDE CIT	Y LIMITS?	
Female		gro	WIDOWE		DIVORCED [Baltim.	ore		140	s 🐴	
9. DATE OF BIRT	1	ID. AGE (I			1 Yr. II Under 24 Hrs.	E STREET	AND NUMBE	9		YE	S	ио Ц
3/13/16		lost birthda	y) N	onths	Days Hours Min.	L. SIKELI		rgyle A	Aven	ue		
II. BIRTHPLACE (S	State or fare	ign country)	12		EN OF	13. FATHE	R'S NAME		-			
Greene	CO. Ne	G.		WHA	T COUNTRY?	Erne	est King					
4A.USUAL OCCU	PATION (GI	ve kind of work	148. KIND (INESS OR INDUSTR							
lone during most of v	working life, e	ven if retired)				1	rlie Hol					
		III S ADMET	EOPCESS	117	SOCIAL	18. INFO		a on a		1A	DRESS	
6. WAS DECEAS Yes, no or unknown	(Il yes, give	wor or doles	of service)		SOCIAL SECURITY NO. 43-05-9318		Jane Lo	ftin (5/19			. Balt. Mo
NO				2			ague 10	TOTIL (340	Dat ore		PPROXIMATE INTERVA
19.	34 1				CAUSE OF DEA						VT38	WEEN ONSET AND DE
DISEAS	E OR CON	DITON DIRE	CTLY		Arterios	clerot:	ic cardi	ovascu.	lar	diseas	e	
	LEADING T				(A)IMMEDIATE	CAUSE						
(This does a	ol meon the	mode of dy	ing, e.g.,		DUE TO, OR	AS A CONSE	QUENCE OF.					
Injury or cor	mplication wh	tch caused dec	oth.)									
AI	NTECEDEN	CALISES			(a)							
			, GIVING		(8) DUE TO, OR	AS A CONS	EQUENCE OF:					
RISE TO TH	E ABOVE C	TONS, IF ANY AUSE (A) STATE	TING THE									
Z	10 001101	11011 6401.			(c)							
5 07150 5101	45.04.112.60	11	D. 1=01011=1									
Q TO THE DE.	ATH BUT NO	INDITIONS CO TRELATED TO GIVEN IN P	THE TERMIN	IAL								
20A. DATE O				OR WH	ICH OPERATION W	AS PERFOR	MED				21. AUTO	OPSY? (Yes or No)
Ö												Yes
₹ 22A. FXTER	NAL CAUSI	WAS	100	R DI A	CE OF INJURY(e.g.,	In as about	22C WHERE	DID (II to 9-1	11-0	The above		
UNDERLYING			h	ome, for	m, loctory, street, offic	e bldg., etc.)	INJURY OCC	JR?	imore C	y, give exo	i tocation)	
B UTING □ CA	USE OF DE	ATH.		la.								
OF INJURY	(Month)	Day) (Year	r) (Hour)		NJURY OCCURRED	wante	22F. HOWDI	D INJURY O	CCUR?			
(APPROX.)			п	WHILE WOR	K NOT	WHILE ORK						
23.											1.25	
1 cert	tify that I	held an 1	nquiry 🗌	In	spection Au	topsy K	and that	on this bas	sis, de	ath in my	opinion	
resul	ted from:	Natural cau	ses,	Acci	dent Suicid	le 🔲 I	iomicide	Undete	mine	monner [
	1	1 1	1	1),	- 0		CHIEF MEDIC		-			
ACTUAL		11/0	1.0	SSI	west:	AC	SISTANT MEDIC		_	k		DATE SIGNED
SIGNAT		Oh a 1	- 0 2	A	M.L	•					227 2	1072
NAME (Type)		s S. S		gate, M.D.		OCIATE MEDIC	LAL EXAMIN	ER L		lay 3,	
24A. BURIAL CRE REMOVAL (Spec	MATION,	24B. DATE		24C. N	AME of CEMETERY	ar CREMA		24D. LOCAT		(City, town	, or county	(Stote)
Buiral	my)	5/6/7	2	M-	. Auburn C	emetar	у	Mt. Wi	nnar	s Bal	t. Md	
25A. DATE REC'D	BY HEALTH				REGISTRAR		FUNERAL DI	RECTOR		Al	DDRESS	
AARNA P	4000	A							22 1			3
MAY D	19/2	Jiaban C	Jall	43	. O	W	lliam J	pbree	E I	3)9 Ne	prosc	IWEY
VS 151-REV. 1/1/6	8		7 1	6	on 52 3	J	0 0	2				



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	M 250 0121	BALTIMORE CITY	HEALTH DEPARTMENT		72 04342
	72 0434	CERTIFICA	TE OF DEATH	REG. NO.	14 OROHE
	NAME OF DECEASED			HOUR OF DEATH	10
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PA	ONOUNCED DEAD	4. USUAL RESIDENCE (Where	decepted lived of institution	or tesidence before mission
H	JLL NAME OF (IF NOT IN HOSPITAL OR II OSPITAL OR ADDRESS OR LOCATIONI		1111	, , , , , , , , , , , , , , , , , , , ,	1801
"	STITUTION SILVE THE	rsing Hame	C. CITY OR TOWN	D. INSIDE CI	
	90 12/3 Light	St	B. STREET AND NUMBER	nity St. 1	Ast 14
5.	SEX 6. RACE 7. MAR	RIED NEVER MARRIED	8. DATE OF BIRTH 9.	AGE (In yours 11 C	Under 1 Yr. If Under 24 Hrs. Hours Min.
1/2	Male Copped wido		11/11/11/01/894	18	iths Doys Hours Min.
	LUSUAL OCCUPATION (Give kind of work 108, KIN of during most of working life, even if refired)	D OF BUSINESS OR INDUSTRY	11/ BIRTHPLACE (Bloto or loreign	country! 12.	CITIZEN OF WHAT COUNTRY?
13.	FATHER'S NAME	red	KeldsVIIIE	N.C.	
	Arthun McCoin	Sp	14. MOTHER'S MAIDEN NAMI	م	
15/ (Yo	Was Deceased Ever in U. S. Armed Forces? s,no of unknown) (If yes, give wor ar dates of sorv	icel SECURITY NO.	17-INEGRMANY MA	A -	ADDRESS
	110		Lillian III	au 2011	Unitered
	18.4 / 2 4 1	CAUSE OF DEATH	A .A		APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		acute (VA	
	(This does not mean the mode of dying, heart failure, asthenia, etc. It means the dise	e.g., DUE TO, OR AS A	SE A CONSEQUENCE OF:		
	injury or complication which caused death.)		15/10		
	ANTECEDENT CAUSES	(B)	17000		
	DISEASES OR CONDITIONS, if any, girise to the above cause (A) stating UNDERLYING CONDITION last.	the (C)	A CONSEQUENCE OF:		
Z	II II				
\TIO	OTHER SIGNIFICANT CONDITIONS CONTRIBUTI TO THE DEATH BUT NOT RELATED TO THE TERMIN	NG IAL			
ERTIFICATIO	DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DAYE OF OPERATION 19B. CONDITION F	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	20B, IF YES, WERE FINDIN	IGS CONSIDERED
ERT	WAS PERFORMED			208, IF YES, WERE FINDIN IN CERTIFYING CAUSES (OF DEATH?
13	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (nofify modicol exemine)	21 B. PLACE OF INJURY (e.g., in home, form, foctory, street, off etc.)	or obout 21C. WHERE DID co bldg., INJURY OCCUR?	(If In Bollimore City,	give exoct location)
MEDI	21 D.TIME (Month! (Day) (Year! (Haus) OF INJURY	21E INJURY OCCURRED	21F. HOW DID INJUR	Y OCCUR?	
<	(APPROX.)	While At Wark Not While At Wark			
	22. I certify that (I) (this hospital) attende		17-71 19	to 4-2	5 19 72
	that (1) (we) lost saw the deceased office		19.72 and that	in (my) (our) opinion d	eath occurred on the date
	and hour and from the couses stated above	e. (i) (We) (did) (did not) vi	ew the body after death.		
	23A. SIGNATURE	Atten	ding Med. She		ATE SIGNED
	23C. PHYSICIAN'S	DEGREE Phys.	Med. Director Phy		3-4-12
	NAME (Typo)	Deiss 1	615 Hour	onds Lans	- Batta, No
24A	BURIAL CREMATION, 24B, DATE 246	NAME OF CEMETERY OF CREA	1439RY 24D. LOC.	AYION (Cjty, Joyy	of countyl (Stote)
1	Jurial 5/5/22 VI	17. Ulloum	18m. 13a.	180 91	d.
25A	MAY 5 - 1972 Visber F. Ja	OF REGISTRAR	25C, FUNERAL DIRECTOR	/	ADDRESS
VS	MAI 3 - 13/2 000000	1 6 0	Williams It	H 31971. S	chroeder ST

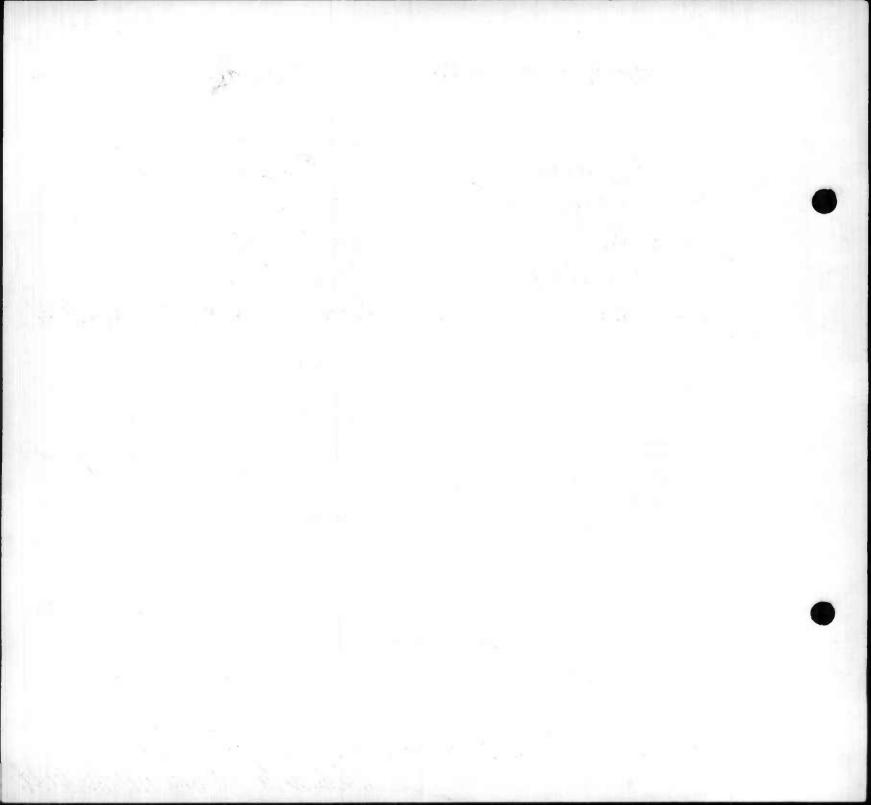


of deam.
) Deceased Such ono hospital death. attendance (2) cause (4) Undetermined cause; 0 0 prior contributing occurred isposition is made. regular deceased death .Ξ Was the direct death 00 8 kind; or final attendance any pronounced embalmed fracture of regular who 4 are ල was in the physician before the remains burns No physician (2) Body U where to the hospital any nature; obtained 9 approved (except pup Pe accident of death) hospital the body was released must 2 written approval 0 deceased prior was D.O.A.

VS 150-REV. 1/1/68

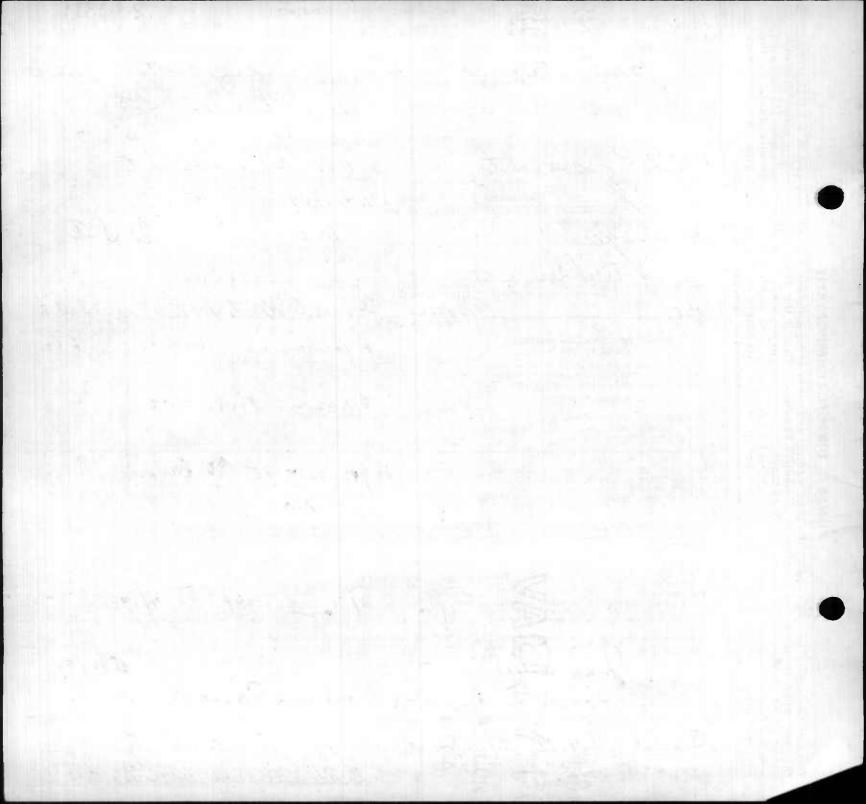
BALTIMORE CITY HEALTH DEPARTMENT 72 04343 72 04343 CERTIFICATE OF DEATH BIRTH NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 4. USUAL RESIDENCE TWINGS deceased lived. If institution: residence before admission!
A. STATE

8. COUNTY 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C. CITY OR TOWN D. INSIDE CITY LIMITS? YES -NO [E. STREET AND NUMBER MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years If Under 1 Ye Il Under 24 Hrs. ost birthday Wegro WIDOWED DIVORCED 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or done during most of working life, even if relired) 12. CITIZEN OF WHAT COUNTRY? THU CH 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. Was Deceased Ever in U. S. Armed Forces?
(Yes, no or unknown! (If yes, give wor or dates of service) 17 INFORMANT 6. SOCIAL ADDRESS SECURITY NO. CIS -09-95/0 Barrison 18. CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH CVA (A) IMMEDIATE CAUSE (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF heart failure, asthenia, etc. It means the disease, injury or complication which coused death.) ANTECEDENT CAUSES HASEVQ DUE TO, OR AS A CONSEQUENCE OF: DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stoting the UNDERLYING CONDITION lost 11 CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No) 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID home, farm, factory, street, office bidg., INJURY OCCUR? (If In Boltimore City, give exact location) MEDICAL DEATH (notify medical examined 21D. TIME (Month! (Day) (Year! (Houd 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? Not While While At (APPROX) Work At Work 22. I certify that Affihis haspital) attended the deceased from that (Wwe) lost saw the deceased alive an and that in (and (our) apinian death occurred on the date and haur and from the causes stated obove. (1) (We) (did) (did not) view the body after death. 23A. SIGNATURE 23B. DATE SIGNED Attending Director Phys. 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type) HOSPITAL LUTHERAN DEGREE 24A, BURIAL CREMATION, 24C, NAME of CEMETERY & CREMATORY 24D. LOCATION REMOVAL (Specify (Ci)y, 1949h, as county! (State)



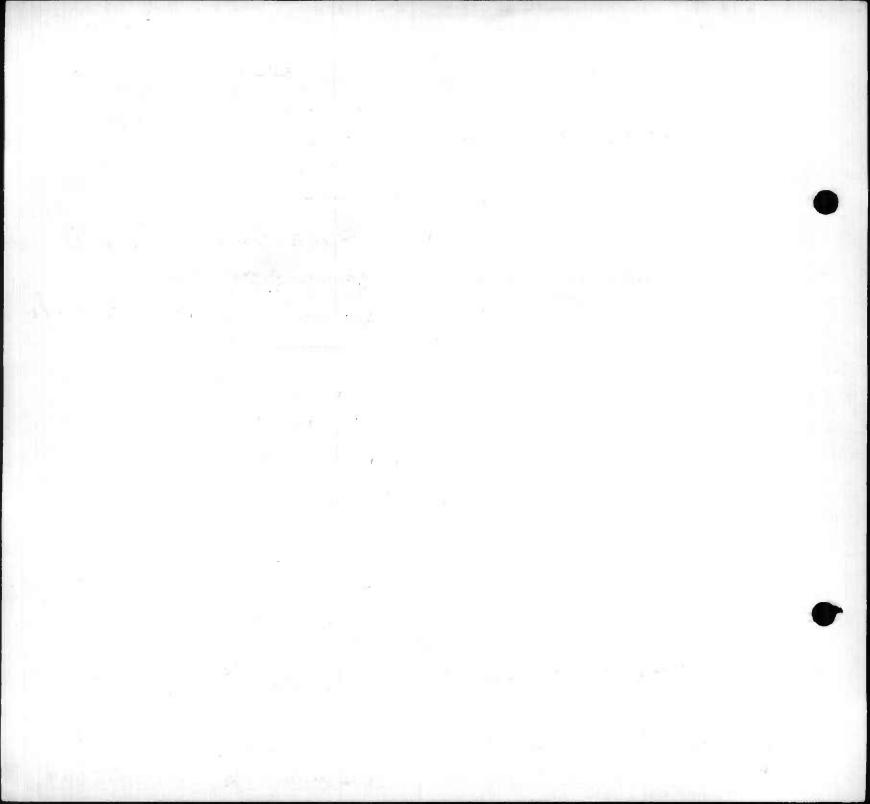
he body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the written approval must be obtained before the remains are embalmed or final disposition is made.

		BALTIMORE CITY	HEALTH DEPARTMENT		72 04344
BIR	-300 72 04344	CERTIFICA	TE OF DEATH	REG. NO	
Ту	AME OF DECEASED e or Print) PLACE IN BALTIMORE, MARYLAND, WHERE PROP	NIA HILL HOUNCED DEAD	14. USUAL RESIDENCE (WAS	D HOUR OF DEATH	72 JA36M.
HC	LL NAME OF (IF NOT IN HOSPITAL OR INS SPITAL OR ADDRESS OR LOCATION)	TITUTION, GIVE STREET	C. CITY OR JOWN	nsa -	St. 1001
18	1112 28 man S.	+	E. STREET AND NUMBER	Buday	VES NO NO
S. 5	F 2 widowi		B. DATE OF BIRTH 9, 9, 1909	9. AGE (In years 62)	If Under 1 Yr. If Under 24 Hrs. Months Doys Haurs Min.
don	USUAL OCCUPATION (Give kind of work 10B, KIND guring most of working life, eyen if retired)	OF BUSINESS OR INDUSTRY	20		2. Sitizen of what country?
	FATHER'S NAME tudbles Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	, me	ADDRESS
(Ye:	the of unknown) (If yes, give wor ar dotes of service)	SECURITY NO.	Hareld H	ite 1117.1	20
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	(A)IMMEDIATE CA	MIJOCARDIA	L INFAR	BETWEEN ONSET AND DEATH
	(This does not meen the made of dying, e, heart failure, asthenia, etc. II means the disea injury or complication which coused death.)	9-, DUE TO, OR AS	A CONSEQUENCE OF:	<i>i-l</i>	>
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, il any, givi rise la lhe abave cause (A) staling t UNDERLYING CONDITION lost.		A CONSEQUENCE OF:	MELLITU	5. '
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMINA	G AL	f JPERTERS CUL	E (OV. Des	?
ERTIFICA	DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FO WAS PERFORMED	R WHICH OPERATION	20A. AUTOPSY? (Nes or No	208. IF YES, WERE F	INDINGS CONSIDERED
CALC	OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., name, farm, factory, street, o		(If in Boltimare	City, give exact location)
MEDI	OF INJURY	While AI Nork At Wark	CY		/
	22. I certify that (I) (this haspital) attended that (I) (we) last saw the deceased alive a	4/13	19 72 and th	/	ign death accurred on the date
	and hour and from the causes stated above	1	ending Med. Director	Shoff Phys.	238, DATE SIGNED
	23C. PHYSICIAN'S NAME (Type) SOSEPH S	BLUM MD GEGREE	23D. ADDRESS	CALVERT	57
25.4	Sull 5,4,72 %	Buttoning E of REGISTRAR	ematory 24D. L	Balta. C	ADDRESS ADDRESS
VS	150-REV. 1/1/6B	100	- DALLANCE	frum 1001	



1	
death occurred in a hospital and it or contributing cause of death. Undetermined cause; (5) Deceased ras in regular attendance on the elecased prior to death. Such osition is made.	
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	
This certificate must be approved by the chie the body was released to the hospital by a shows: (1) An accident of any nature; (2) Bodwas D.O.A. at a hospital (except where the deceased prior to death); and (6) No physic written approval must be obtained before the	
this certificate the body was shows: (1) An every was b.O.A. at deceased priory written approvents.	104

	P500 7	2 0434	BALTIMORE CITY	HEALTH DEPARTMENT		72 04345					
D	RTH NO.	. 0.10	CERTIFICA	TE OF DEATH	REG. NO.	Le OZOZO					
	NAME OF DECEASED				ND HOUR OF DEATH						
(T)	ype or Print) PAYNE	BE	RTHA	5-5-		7 452					
3.	PLACE IN BALTIMORE, MARYLA			4. USUAL RESIDENCE (Whe	re deceased lived, If insti	/: 45A M					
ΗП	JLL NAME OF (IF NOT IN I	OSPITAL OR I	NSTITUTION, GIVE STREET	MARYLAND		1501					
I'N	ISTITUTION		L EMERGENCY	C. CITY OR TOWN		CITY LIMITS?					
N	f DOINEIGN II	ODPIIA.	E EMERGENCI	BALTIMORE E. STREET AND NUMBER	1	ES NO					
5.	SEX 6. RACE	17		15 36	Gilmur						
	N		WED DIVORCED	8. DATE OF BIRTH 11-15-78	54	If Under 1 Ys. If Under 24 His. Nonths Doys Hours Min.					
do	A USUAL OCCUPATION (Give kind ne during mast of warking life, even if r	of work 108, KIN etired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or fore	ign country)	12. CITIZEN OF WHAT COUNTRY					
13.	FATHER'S NAME		11 /1	14. MOTHER'S MAIDEN NA	ME	000					
(I laxande	v an	inklyn	many &	runs						
15. (Ye	Was Deceased Ever in U. S. Arm	ed Forces? or dolos of serv	ice) 16. SQUAL SECURITY NO.	17. INFORMANT	On my	ADDRESS					
-	18. 4 5/ 5/		CAUSE OF DEAT	pr week	116000	APPROXIMATE INTERVAL					
	DISEASE OR CONDITION	N DIRECTLY	Cereb	ral vascular	Accident	BETWEEN ONSET AND DEATH					
	(This does not mean the mo	de al dving.	e.g. (A) IMMEDIATE CAL	SE CONSEQUENCE OF		********					
	heard follows asthering ale it means the disease										
	ANTECEDENT CAUSES										
	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF:										
	the to me consecrate the signing the										
	11	- II	(c)								
ATION	OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT RELATED	TO THE TERMI	NG NAL								
CERTIFICA	DISEASE OR CONDITION GIVEN I	CONDITION I	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No	20R IF YES, WERE FIN	DINGS CONSIDERED					
CER	21A. ACCIDENT WAS UNDERLY	ING []	218 PLACE OF INJURY (e.g.,			ily, givo exact location)					
CAL	OR CONTRIBUTING CAUSE O	,	home, form, foctory, street, of	ice bldg. INJURY OCCUR?	<i>p</i>	, give exact tocolium,					
ED	21 D. TIME (Month) (Doy)	(Year) (Hour)	21E INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?						
Z	(APPROX.)		While At At Work	5.9	25AM	MASH					
	22. I certify that (I) (this hos	spital) attend	ed the deceased from		19to	5 >2 19					
	that (I) (we) lost sow the dec			19_72ond the	ot in (my) (our) opinio	n death accurred on the date					
	and hour and from the couse:	s stoted abay	e. (1) (We) (did) (did nat) v	lew the bady after death.							
	23A. SIGNATURE					B. DATE SIGNED					
	23C PHYSICIANS	ih 1	OEGREE Phys		Staff Phys.	5 5 72					
	23C-PHYSICIAN'S NAME (Type)			3D. ADDRESS							
24/	BURIAL CREMATION, 248. DA	TE 24	C. NAME of CEMETERY OF CRE	MATORY 124D. Le	CATION (City,	lown, or county) (State)					
	REMOVAL (Specify)	1,12	m + 1	12 Can A	12 00-1	h. 11					
25/	A DATE REC'D BY HEALTH DEPT.		ME OF REGISTRAR	250 FUNERAL DIRECTOR	Jaca 11	ADDRESS					
Ļ	MAY 8 - 1972 066	ent I va	Bez M. B. ()	Tridlewillo	hall 1529	E. moth ance.					
15	150-REV- 1/1/68										



1/2	1-535 72 04346 BALTIMORE CITY HE CERTIFICATE	(\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \						
1.	NAME OF OFCEASED Type or Print) IRENE LINDENBAUM	2. DATE AND HOUR OF GEATH						
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	USUAL RESIDENCE (Where deceased lived, II institution: residence before admission) STATE B. COUNTY MARYLAND CITY OR TOWN D. INSIDE CITY LIMITS?						
1	3.01.1.00	2. DATE AND HOUR OF OEATH 4. MAY 72 RESIDENCE (Where deceased lived, II institution: residence below odmission) RYLAND RYLAND RYLAND RIOWN D. INSIDE CITY LIMITS? YES NO NO AND NUMBER O9 GREENSPRING AVENUE F SIRTH P. AGE fin yours Inside of loreign country 19. AGE fin yours Months Doys Hours Miles Months Doys Hours Miles IN DOYS HOURS RES MAIGH NAME ILE SNYDER RANT ADORESS BERT, LINDENBAUM, 6809 GREENSPRING AVENUE RES MAIGH NAME RESIDENCE OF: APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CONTROL RES OF DEATH? RESIDENCE OF: IN CERTIFING CAUSES OF DEATH? RESIDENCE OF: RESIDENCE OF:						
	FEMALE WHITE WIDOWED DIVORCED 8	/21/1918 53 ! ! !						
do		BALTIMORE, MARYLAND USA						
		JENNIE SNYDER						
15,	es, no of unknown) lift yes, give wor of dotes of service) SECURITY NO.	ADORESS ALBERT, LINDENBAUM, 6809 GREENSPRING AVENUE						
DISEASE OR CONDITION DIRECTLY								
ERTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes ar No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?						
CALC	J 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or of home, form, foctory, street, office in DEATH (notify medical examiner)	obout 21 C. WHERE OLO (If in Rellimore City give exact location)						
MEDI	Work Al Work							
	that (i) (we) last saw the deceased alive an	19 72 and that In(my) (aur) apinian death accurred an the date the bady after death.						
	J. M. Coken M. D. Attending Phys. 23C, PHYSICIAN'S NAME (Type) 23D.							
	A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CREMATE BURIAL 5-5-72 BETH JACOB. SA. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR [2]	FINKSBURG, MARKN MARYLAND						
	and the second of the second o	SOC FUNERAL DIRECTOR ADDRESS BROS.,6010 REISTERSTOWN ROAD						

DECEMBER OF STREET Interior Bloom is

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

11	2632	72 04	101	BA	LTIMORE CITY	HEALTH DEPAR	TMENT				
BI	RTH NO.	12 04	OF.	CI	ERTIFICA	TE OF DE	ATH	REG. NO.	1	2 00	347
1.	NAME OF DECEASED					2. DATE AND HOUR OF DEATH					
1117	rpe or Print)	BERTHA (PR	ETZFELDE	D			3, 1972	ın		
3.	PLACE IN BALTIMORE	MARYLAND, W	HERE PA	ONOUNCED D	EAD	4. USUAL RESID	ENCE (Whe	re deceased lived.	f institution:	lesidence l	11 A.M. before odmission)
H	ILL NAME OF (IF OSPITAL OR AL	NOT IN HOSPIT DDRESS OR LOCA	NSTITUTION, G	VE STREET	MAR)	LAND	lp. I	NSIDE CITY	LIMITS2	07	
1	CARLYLE APT	S. APT.	5H			BALT	IMORE		YES	7	юП
r	500 W. UNIV					E. STREET AND					
		ENGIN II				500	W. UN	IVERSITY P	KWY.	APT. 5	H
5.	SEX 6. RAC	E	7. MAR	RIED NEVER	MARRIED	8. DATE OF BIRTH		9. AGE (In years			
	FEMALE	WHITE	WIDO	WED X	DIVORCED			last birthdayl	Month	Days H	tours Min.
doi	USUAL OCCUPATION de during most of working it	(Give kind of work ife, even if retired)	10B, KIN	D OF BUSINESS	OR INDUSTRY	11. BIRTHPLACE (Stole or fore	ign cauntry)	12, CI	TZEN OF W	VHAT COUNTRY?
	HOUSEWIFE			AT_HOME		_ PHILADE	LPHIA	. PA.		USA	
13.	FATHER'S NAME					14. MOTHER'S M				0011	
	HENRY C. DA	LSEMER				MATII	.DA	?			
15. (Ye	Was Deceased Ever in s, no or unknown! (If yes.	11 C A I F	es?	1 6. SOCI		17. INFORMANT		•		ADDRESS	5
	NO	give wer or dole:	01 261A	2ECO	RITY NO.						
⊩	18. // / /	3.		CAI	JSE OF DEATH	MR. GORDON	DALS	EMER, 2301	KEN O		
	DISEASE OR C	ONDITION DIR	ECTIV		DE OF BEATT		1				MATE INTERVAL
IJ		G TO DEATH	CCILI			- Her	ST /	lock			1
	(This does not mean	the mode of	dying.	0.0	DUE TO, OR AS A	CONSEQUENCE)F:	(0)		1	weeks
	heort failure, asthenio, etc. It means the disease, injury or complication which caused death.) DUE TO, OR AS A CONSEQUENCE OF:										Trans
	ANTECEDENT CAUSES										
	DISEASES OR COM	IDITIONS. If a	ny, oi	(B).	DUE TO, OR AS	A CONSEQUENCE	OF:	ry cus	lac	19	cas
	rise to the above	couse (A)	staling	the			01.	/		0	
	ONDERENING COME	At last.		(C).							
Z	OTHER SIGNIFICANT C	UNDITIONS CON	ITDIRI ITH	VG.							
ATIO	TO THE DEATH BUT NO DISEASE OR CONDITIO	OT RELATED TO TH	E TEDLAIA	IAL	****						
FIC	19A. DATE OF OPERAT	ION 198 CONE	HON F	OR WHICH OP	ERATION	20A. AUTOPSYS	(Yes or No	208, IP YES, WER	FINDING	CONSIDE	RED
CERTIFIC	0	WAS PERF	DIMED					IN CERTIFYING	AUSES OP	DEATH?	
1	21A. ACCIDENT WAS OR CONTRIBUTING DEATH (natify medical	UNDERLYING CAUSE OF		name, form, to	INJURY (e.g., in ctory, street, offi	or about 21 C. WHE	RE DID	(If in Boltim	ore City, gi	ve exoct loca	otion)
101				elc.)							
MEDI	OF INJURY	(Doy) (Yeor)	(Houd	21E INJURY O			V DID INJ	JRY OCCUR?			
	(APPROX.)			White At Wark	Not White At Work						
	22. I certify that (1)	(this hospital)	attende	d the deceas	ed from	4-20	2 1	92210	1	-3	19 72
	that (I) (we) last say				-28	1972		t In(my) (our) o	inion dos	th against	
	ond hour and from th	e causes state	d above	. (1) (War) (di	d) (d id mot) vi	aw the hady after	e dooth		January God	in occurre	on the date
	23A. SIGNATURE				1	on the body dite	dedin.		238 DA	TE SIGNED	
	5/12	10. //	1	1/1-	Atten	ding Med.	. 🗀 :	Shalf Phys.			71
	23C. PHYSICIAN'S	1	-00	THE	DEGREE Phys.	Direct Di	tor L	Phys. 🗀	1	-3	- 1
	NAME (Type)	IRVIN SA	UBER				RK HE	GHTS AVENU	JE		
24A	BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	240	NAME of CE	METERY OF CREA	MATORY	24D- LO	CATION (City, town,	or country	154m4c*
	BURIAL	5-5-72			E HEBREW			CIMORE, MAI	• •	n county)	(Stote)
25≜	PATE REC'D BY HEAL	TH DEPT.	SB. NAN	E OF REGISTRA		25C. FUNERAL	1	TRIOTES, PINI	THAILD	ADDS	
MA	Y 8 - 1972 (1	laBart E.	a. By.	AZD 0	000			BROS.,60	LO RET	ADDRE STERST	
VS 1	50-REV. 1/1/6B			7	1 1	11-15-10		,, 5,0,0,	-5 /651	5-14101	7071

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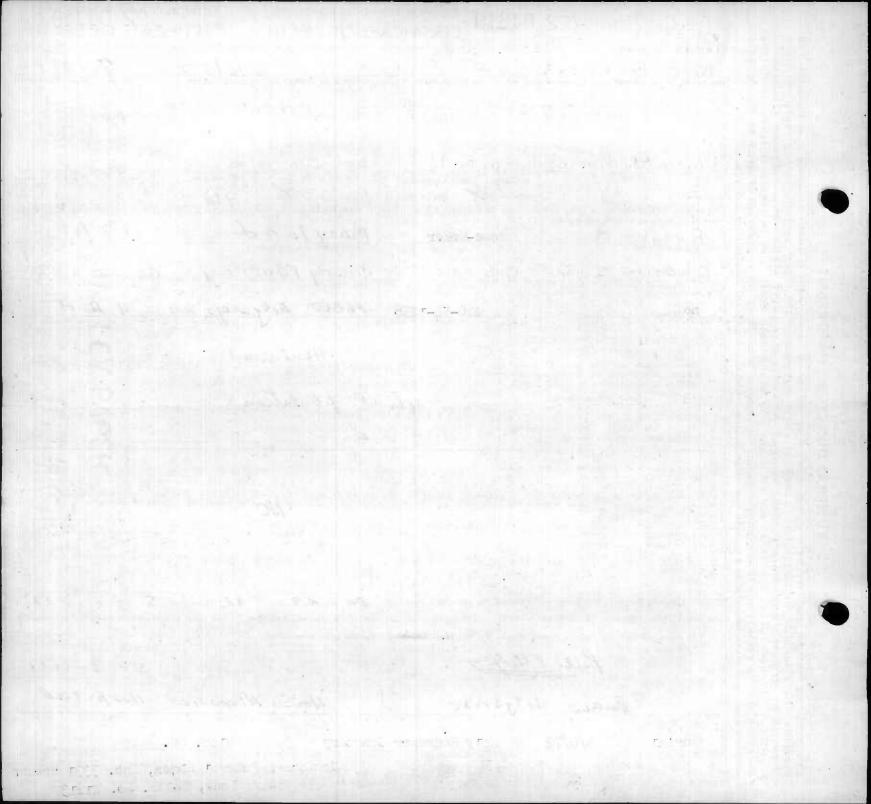
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BIF	TH NO.					CERTIFI	ICA1	TE OF D	EATH	REG.	NO	_
	NAME OF DEC	EASED								ND HOUR OF		-
Ľ		*****	MICHAEL					3, 197				
٥.	PLACE IN BAL	IIMORE	MARYLAND, W	HERE PI		4. USUAL RESI	B. COUN	ore deceased li	ved. If insti	tu		
FU	LL NAME OF	(IF	NOT IN HOSPIT	AL OR I	NSTITE	JION, GIVE STREET	-	MRYLA	4D			
İN	STITUTION	~	DYESS OF FOCA	(IION)			li	C. CITY OR TOW	/N		D. INSIDI	E
	SINAI HOSPITAL							BALTIM	DRE		,	YE
_	t2							E. STREET AND 2905 FA		F ROAD		
5. :	EX	6. RACE		7. MAR	RIED	NEVER MARRIED	8	DATE OF BIRT	Н	9. AGE (In ye		I
	MALE	W	HITE	WIDO				8-15-189	93	last birthday)	78	46
don	. USUAL OCCU	JPATION working life	(Give kind of work	108, KIN	ID OF	BUSINESS OR INDU	USTRY 1	1. BIRTHPLACE	(Stole or fore	ign country)		1:
	MERCHAN				ÆT.	AIL		BALTI	MORE. N	MARYLAND		
13.	FATHER'S NAM	AE					1	4. MOTHER'S				_
							1				YETTA	4
15. (Ye	Was Deceased	Ever in L	J. S. Armed Ford	05?	de als	1 6. SOCIAL	1	7. INFORMANT				_
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	18. 2/ //	1.0	V- 2)	K-2	- 10	CAUSE OF D	DEATH	MR. STANI);
		LEADING	ONDITION DIR			(A)IMMEDIATI	F CAUSI	Herete	ction	ocald in Car	ligar	七
	heart failure.	aslhenia.	the mode of etc. It means which caused	the disc	e.g., ease,			CONSEQUENCE	OF:	Λ	, ,	
			DENT CAUSES			(B) Wrtz	100	CONSEQUENCE	tre te	losto	esea	2
	rise to the UNDERLYING	abave	couse (A)	staling	Ihe Ihe	(c)	/K A3 A	CONSEQUENCI	OF:			
_			11			17)14	ba	hu a	tudo	rika	1168	_
ATIO	TO THE DEATH DISEASE OR CO	ON TUB I	NDITIONS CONTRELATED TO THE GIVEN IN PART	E TERMII	NAL	Vigus	01	Main a	alling	E Geel	tol	7
E	0		WAS PERF	NOITIC CAMAD		HICH OPERATION		20A. AUTOPSY		IN CERTIFY	WERE FIN	D
CAL	DEATH Inolity	T WAS I	UNDERLYING CAUSE OF examined		home etc.)	PLACE OF INJURY (e.g., In c et, effic	e bldg., INJURY	OCCUR?	(II in	Boltimore C	H
AED PED	21 D. TIME OF INJURY	(Month)	(Doy) (Yeor)	(Hous)		NJURY OCCURRED)	21F. HO	M DID INI	URY OCCUR?		_
<	(APPROX)				Whil		While [
	22. I certify t	that (1) (this hospital)	attend	ed th	e deceased fram_		Nov 22	1	9 71 to	V	
	that (1) (we)	ast saw	the deceased	dolive	an	May 3		19 72		of In(my) (as		
	and have and	from the	e7causes state	ed abov	e. (1)	(We) (did) (did no	nel vie					
	23A. SIGNATUR	E		/	-		017 110	w the body di	er dedin.	Secii s	23	-
	23C. PHYSICIAN	X	Mosto	To	lee	e DEGREE	Attendi Phys.	LI DIN	d. D	Staff Phys.		
	NAME (Ty	pe)	JONAS CO	HEN		DE .	GREE	6702 PAI	RK HEIG	HTS AVE	NUE	
24A.	REMOVAL (Sp	ATION,	248, DATE	1		ME of CEMETERY of	CREM	ATORY	24D. LC	CATION	(City, I	lo
	BURIAL		5-5-72			REW FRIENDS	SHIP		BA	LTIMORE	, MARY	
17	AY 8 - 1	U/	CHOPPE & E	SE HK	NE OI	2 0	0	SOL LEV		BROS.,	6010 1	R
15 1	50-REV. 1/1/6	8										

20 0 0
REG. NO. 72 04348
HOUR OF DEATH
, 1972 3 P. M.
eceosed lived. If institution: residence before admission)
2730
D. INSIDE CITY LIMITS?
YES NO
ROAD
We (In yeers If Under 1 Yr. If Under 24 Hrs. Menths Deys Heurs Min.
78
12. CITIZEN OF WHAT COUNTRY?
YLAND USA
YETTA ?
ADDRESS
CHNEIDER, 6512 COPPERFIELD RD.
approximate interval BETWEEN ONSET AND DEATH
¿ Cerdiai arrese 2 Days
e vilal " of Joly
06/20 10 10
It desease 10 Mrs
ib
Leve to 24 hrs.
gell to be a fair
B. IF YES, WERE FINDINGS CONSIDERED
CERTIFYING CAUSES OF DEATH?
(II in Beltimere City, give exect location)
OCCUM
~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
1 to May 3 19 72
(my) (aur) apinian death occurred on the date
een by hespital staff
23B, DATE SIGNED
May 4, 1972
S AVENUE
ION (City, town, or county) (State)
IMORE, MARYLAND
ADDRESS
ROS.,6010 REISTERSTOWN ROAD

And the second s . X With an Education of the Lattice Control and

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	1 200	DAG BALTIMORE CITY	Y HEALTH DEPARTMENT 72 04349					
1	-260 72 0	CERTIFICA	TE OF DEATH REG. NO. 72 U9099					
1.1	NAME OF DECEASED		2, DATE AND HOUR OF DEATH					
	pe or Print)		Chale and Hook of Death					
1	Virs. Hanes Les	ser	4, USUAL RESIDENCE (Where deceased lived, II institution; residence before admission)					
3.	PLACE IN BALTIMORE MARYLAND, WHERE I	PRONOUNCED DEAD	A, STATE B. COUNTY					
FU	LL NAME OF (IF NOT IN HOSPITAL OR	INSTITUTION, GIVE STREET	2859 Pelham Ave 051					
IN	OSPITAL OR ADDRESS OR LOCATION)		C. CITY OR TOWN D. INSIDE CITY LIMITS?					
딕	- 4		Balto, mD 21213 YES IN NO					
			E. STREET AND NUMBER					
1	nion Memorial Ho	spital	20 Same					
S. :	SEX 6. RACE 7. MA	RRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. , If Under 24 Hrs.					
	F (1) WID	OWED DIVORCED	68-23-75 lost birthdoy) Months Doys Hours Min.					
	USUAL OCCUPATION (Give kind of work 108. K	ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or largin country) 12. CITIZEN OF WHAT COUNTRY					
dor	e during most of working life, even if retired)		manula a 1					
12	FATHER'S NAME	Home-maker	Mary land USA					
			MOTHER'S MAIDEN NAME					
	Thomas Buri	ns	Mary Murray deceased					
15. (Ye	Was Deceased Ever in U. S. Armed Forces? s,no or unknown) (If yes, give wor or dotes of se	1 6. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS					
	no	0 0	PABLO Melpareso M.D. 4. M. H					
-	118. / 4 3 / 9 1	218-51-1256 CAUSE OF DEAT						
	DISEASE OR CONDITION DIRECTLY		BETWEEN ONSET AND DEATH					
	LEADING TO DEATH							
	(This does not mean the made of dying,	(A) IMMEDIATE CAL	USE /flast anest. A CONSEQUENCE OF:					
	hearl failure, asthenia, etc. It means the di	sease,	A CONSEQUENCE OF:					
	injury ar camptication which caused death.)	. 1111					
	ANTECEDENT CAUSES	(B) Alu	al filulation.					
	DISEASES OR CONDITIONS, if any,		A CONSEQUENCE OF:					
	rise la lhe abave cause (A) slaling	g lhe (c) $e \cdot v$.						
	OTEDERATION CONDITION INSI.	(C)						
z	OTHER CLONITIES AND CONTRIBUTION OF CONTRIBUTION	TING						
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBLE TO THE DEATH BUT NOT RELATED TO THE TERM	MING						
	DISEASE OR CONDITION GIVEN IN PART I (A).	FOR WHICH OPERATION	20A ALIVOREVE (Vo. o. No.) 20B IF YES WEST SINDINGS CONSIDERED					
TF	WAS PERFORME		20A-AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?					
CERTIFIC	21A ACCIDENT WAS UNDERLYING	1010 01 000 000 1000	100					
	OR CONTRIBUTING CAUSE OF	21 B. PLACE OF INJURY (e.g., i						
CAL	DEATH (notify medical examined)	etc.)						
EDI	21 D. TIME (Month) (Doy) (Year) (Hou	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?					
Ξ	(APPROX.)	While At Not While						
		Work At Work						
	22. I certify that (1) (this hospital) atter	nded the deceased fram	04-29 1972 10 5-3 1977					
	that (1) (we) last saw the deceased aliv	e on						
	and hour and from the causes stated abo							
	23A. SIGNATURE		23B, DATE SIGNED					
	Palle Elle	eljargo Atto	ending Med. Staff 7 2 1022					
	22C BUYELGI ANEC	DEGREE Phy						
	23C.PHYSICIAN'S NAME (Type)		23D. ADDRESS					
	PABLO Mel	12 reso DEGREE	Union Remorial Hospital.					
24/	A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME OF CEMETERY OF CR						
	Burial 5/6/72	Holar Dodomer C	Don't a Mil					
25/		Holy Redeemer C	Ceme tery Balto. Md.					
	MAY 8 - 1979 12 6 18	3- Bes 100 1	Schimunek Funeral Homes, Inc. 3331 Brehm					
1/5	150-REV. 1/1/6B	1 3 4 1						
A 2	130-KE V. 1/1/09		Lane, Balto. Md. 27273					



Holy Redeemer Cemetery

Balto.

25C. FUNERAL DIRECTOR

REMOVAL (Specify)

VS 151-REV. 3/1/68

MAY 8

2SA. DATE REC'D BY HEALTH DEPT,

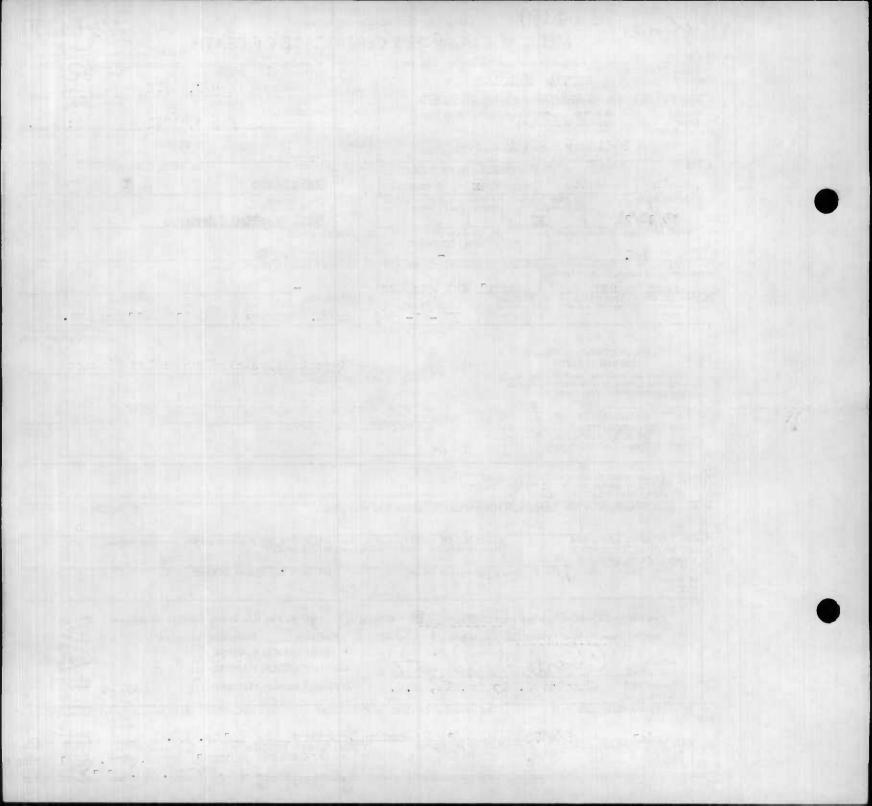
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258. NAME OF REGISTRAR

(Stote)

ADDRESS

Schimunek Funeral Homes, Inc. 3331 Brehms Jane Balto Md. 2121



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chief medical examiner

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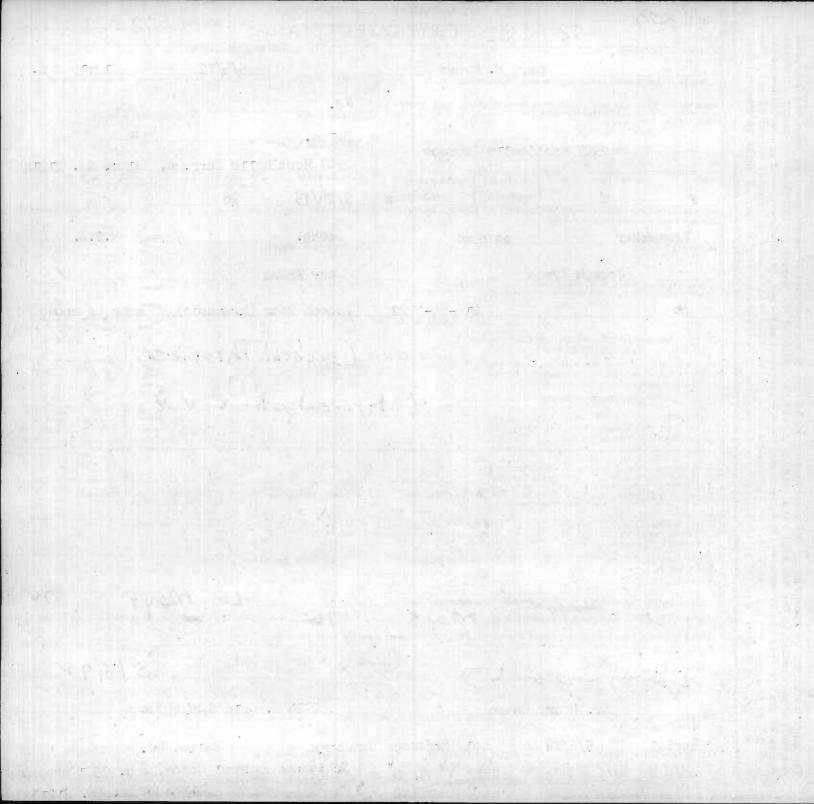
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Body

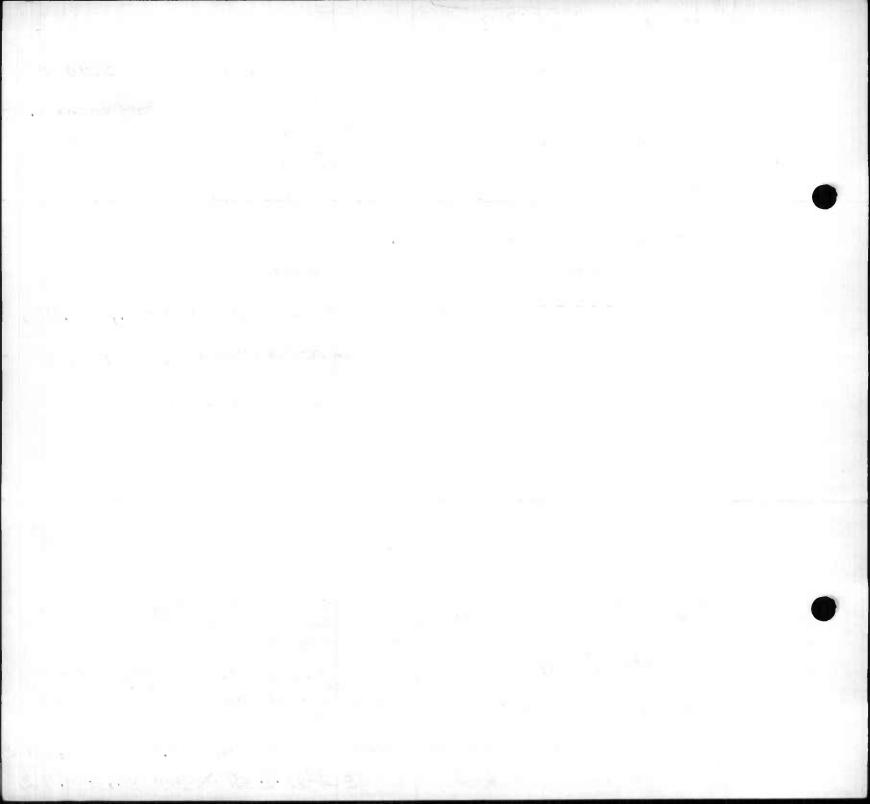
Undetermined cause; (5) Deceased as in regular attendance on the e deceased. is made. disposition Was the eath UD ar final attendance pronounced embalmed regular who are physician the remains Was physician the before where å obtained 9 (except pup pe death) hospital must 10 0 prior to

BALTIMORE CITY HEALTH DEPARTMENT REG. NO._ CERTIFICATE OF DEATH BIRTH NO INAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) Mary M. Rynes 4. USUAL RESIDENCE (Where deceased lived. If institution: rasidence before admission)
A. STATE
B. COUNTY 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) Md. HOSPITAL OR C. CITY OR TOWN D. INSIDE CITY LIMITS' YES & NO E. STREET AND NUMBER 2907 Montibello Terrace 2907 Montibello Terrace Balto. S. SEX 9. AGE (In years If Under 24 Hrs. Hours : Min. 6. RACE 8. DATE OF SIRTH Months Doys Hours 7. MARRIED NEVER MARRIED lost birthdoy WIDOWED DIVORCED X 10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) homemaker Czech. U.S.A. at home 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Joseph Rynes Mary Kraba 15. Was Deceased Ever in U. S. Armed Farces? (Yes, no or unknown) (If yes, give war ar dates of service) 17. INFORMANT 6. SOCIAL ADDRESS SECURITY NO. no Petr Joseph CAUSE OF DEATH BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving to the above cause (A) sloting the UNDERLYING CONDITION lost. CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19 A. DATE OF OPERATION 20A. AUTOPSY? IYes or No! 21 B. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? OR CONTRIBUTING CAUSE OF (If In Boltimore City, give exact location) MEDICAL DEATH (notify medical examiner) etc.) (Month) (Day) (Year) (Hour) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? Not While OF INJURY While At (APPROX.) Work At Work 22. I certify that (1) (this hospital) attended the deceased from that (1) (well last saw the deceased alive an.... .197.1 and that in(my) (pur) apinion death accurred an the date and haur and fram the causes stated abave. (1) (We) (did not) view the bady after death. 23A. SIGNATURE 23B. DATE SIGNED Attending 🖂 Med. Staff Director L approval Phys. 28 OPHY SICIAN'S 23D. ADDRESS NAME (Type) Cold 24A. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY or CREMATORY (Stote) (City, town, or county) REMOVAL (Specify PAGE OF REGISTRAR PAGE SCH TWO PROLETOR Sch Trunk Page 1250. FUNERAL DIRECTOR Sch Trunk Page 1250. Funeral Director Fair Balto. Md. Schimunek Funeral Homes, Inc. 3331

VS 150-REV. 1/1/68 Lane, Barto. Md. 21213



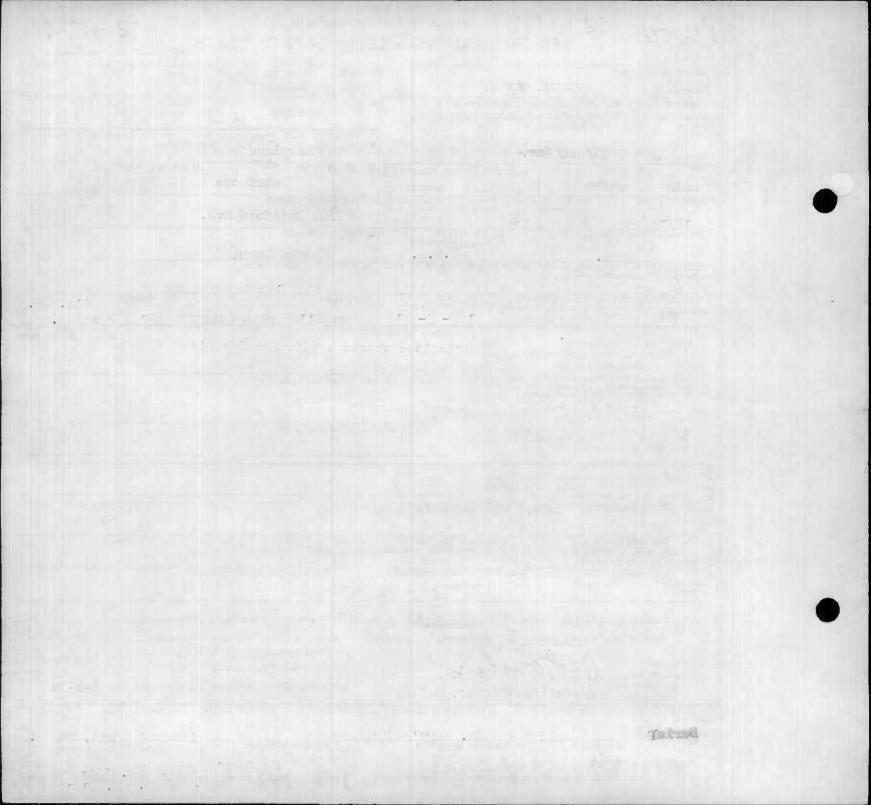
	4-400 7	2 043	50 BALTIMORE CITY	HEALTH DEPARTMENT		72 04352
BII	TH NO.	010	CERTIFICA	TE OF DEATH	REG. NO	72 01000
1, 1	NAME OF DECEASED	1.1		2. DATE AN	D HOUR OF DEATH	
	pe or Print) MICHAEL	HOLY		MAY	1 4. 1972	5:40 P.M.
	PLACE IN BALTIMORE, MARYLAN	D, WHERE PRO	DNOUNCED DEAD	A. SIAIE	11	itution: residence before admission)
FL H IN	STITUTION ADDRESS OR I	OCATION	ISTITUTION, GIVE STREET	C.CITY OR TOWN		Anne Arundel Co. E CITY LIMITS?
ŀ	South Baltimore	Gene	ral Hospital	E. STREET AND NUMBER		YES NO NO
				5715 Philli	ps Str.	5200
5.	MA/E 6. RACE	7- MARR	NEVER MARRIED DIVORCED DIVORCED	Octob. 22, 1879	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	LUSUAL OCCUPATION (Give kind of the during most of working lile, even if reti		OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or loreig	gn country)	12. CITIZEN OF WHAT COUNTRY?
	Foreman	-	& Electric (o.	Czechosfora	Kia	USA
13.	FATHER'S NAME			14. MOTHER'S MAIDEN NAM	A E	
	Unknown			Unknown		
15. (Ye	Was Deceased Ever in U. S. Armed s, no or unknown) (If yes, give war or	Forces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	No		212-14-0122	Walter Bernady	5715 Phillin	s St. Balto 21225
	18.4/2/1		CAUSE OF DEATH	1	171) Harry	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION LEADING TO DEA			se Cosonasy hea	41.	SELMEEN OUSET AND DEATH
	(This does not mean the mode heart failure, osthenia, etc. It me	D years				
	injury or complication which car					
	ANTECEDENT CAU					
	DISEASES OR CONDITIONS, rise to the above couse					
	UNDERLYING CONDITION lost	***************************************				
20	OTHER SIGNIFICANT CONDITIONS					
ATION	TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION GIVEN IN	PART I (A).	************************	*******************************		***************************************
CERTIFIC	19A-DATE OF OPERATION 19R WAS	PERFORMED	OR WHICH OPERATION	20A. AUTOPSY? (Yes of No)	208. IF YES, WERE FIN IN CERTIFYING CAUS	NDINGS CONSIDERED SES OF DEATH?
CAL CE	21A. ACCIDENT WAS UNDERLYIN OR CONTRIBUTINO CAUSE OF DEATH (notify medical examine)	0	21B PLACE OF INJURY (e.g., in home, form, foctory, street, off etc.)	or about 21 C. WHERE DID	(If In Boltimore	City, give exact location)
DIC	21 D. TIME (Month) (Doy) (Y	eor) (Hour)	21E, INJURY OCCURRED	21F. HOW DID INJU	DY OCCUPY	
MEDI	OF INJURY (APPROX)		While At Not While Work At Work			
	22. 1 certify that (4) (this hasp	Ital) attende	ed the deceased fram	orm 28 19	72 10 Ma	4 # 1972
	that (4) (we) last saw the dece		V	19.72 and tha	t in (my) (por) apint	an death occurred on the date
	and havr and from the causes	stated above	s. (1) (ME) (did) (did not) vi	ew the bady after death.		
	23A. SIGNATURE July Joss	redf. 1	M. D. Atten	ding Med. S		May 4. 1972
	23C. PHYSICIAN'S NAME (Type)		2	3D. ADDRESS	nys. Jan	May 4, 1972
	Julia G. 1	OSHEF	F, M. D. DEGREE	2085 Wordbourn	AVE. DALTIN	११८६ वागव, ४१८२५
244	REMOVAL (Specify)	240	NAME of CEMETERY OF CREA	MATORY 24D. LO	CATION (City.	town, or county) (State)
254	Burial 5/8, DATE REC'D BY HEALTH DEPT.	1972	Holy (ross (em	etery Anne	Arundel Co.	; Ritchie Hwy, Md2122
M	AY 8 - 1972 RAM	2 2 2	1.2 0 0 0	ME CILLUF #	237 Patanan	o Ave. Balto. 21225
VS	150-PEV 1/1/68	- NEW YORK	. 4.0	The state of the s	- J/ · wurpoc	1146, 11110, 2122)



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	CEPTIFICA	HEALTH DEPARTMENT TE OF DEATH REG. NO. 72 04353										
	1, NAME OF DECEASED TOSEPH A. BOSSE	2. Date and hour of Death NIAN 2/72 7:15 4										
	3. PLACE IN BALTIMORE, MARYLAND, WHERE RONOUNCED DEAD	4. USUAL RESIDENCE (YPRere deceased lived. Il institution: residence before admission) A. STATE B. COUNTY										
- 11	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	2906 CLIFTON PARK TERRACE JOLE C. CITY OR TOWN D. INSIDE CITY LIMITS?										
II.	CAURCH HOME - HOSPITAL - BALTIMORE											
	35 //	E. STREET AND NUMBER ABOVE 833										
	6. RACE WIDOWED DIVORCED	8. DATE OF BIRTH 89 9. AGE (in years II Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.										
	10A. USYAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY done during most of working life, even if refired) RETIRE Dsalesman. Meat	11. BIRTHPLACE (State of foreign country) 12. CITIZEN OF WHAT COUNTRY? W. S. A.										
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME										
	JOSEPH H. BOSSE	BERNADETTE GOODWIN -										
	15. Was Decembed Ever in U. S. Armed Farces? Yes, na ar unknown) (If yes, give wor or dates at service) NO (CANADO W N - 2/5 - 07-04/3)	James Bosse 980 College Drive Arnold, Md.										
	DISEASE OR CONDITION DIRECTLY OF DEATH CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY OF DEATH CAUSE OF DEATH											
	injuly or compiledition which caused doonly)											
	ANTECEDENT CAUSES (B)											
	DISEASES OR CONDITIONS, if day, giving DUE TO, OR AS A CONSEQUENCE OF: UNDERLYING CONDITION last. (C)											
	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (4)											
	ODISEASE OR CONDITION GIVEN IN PART 1 (A). 194-DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B, IF YES, WERE FINDINGS CONSIDERED										
4	22 Apr. 72 WAS PERFORMED GALLSTONES	20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?										
	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in hame, form, foctory, street, office) DEATH (notify medical examined)	or about 21 C. WHERE DID (If in Baltimore City, give exact location) ce bidg., INJURY OCCUR?										
	21D. TIME (Manth) (Day) (Year) (Hour) 21E, INJURY OCCURRED While At Not While	21F. HOW DID INJURY OCCUR?										
	Work At Work 1/1/70 70 1/1/20 70											
	that (1) (we) last saw the deceased alive an 19 72 and that in (my) (our) opinion death accurred on the date											
	ond hour and from the cooses stated above. (1)/(We) (did) (did not) vi	ew the bady after death.										
-	23A. SIGNATURE SIGNATURE Attent Phys.	ding Med. Stoff Director Phys. 238, DATE SIGNED										
	NAME (Type) Federico T. TAN, M.D.	CHURCH HOME-HOSPITAL 2/23/										
2	Burial 5/5/72 Holy (ross Comet	tony, lower or country,										
2	5A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25G FUNERAL DIRECTOR ADDRESS										
	S 150-REV. 1/1/88	3 Mc Cully Funeral Home 130 E. Fort Ave.										

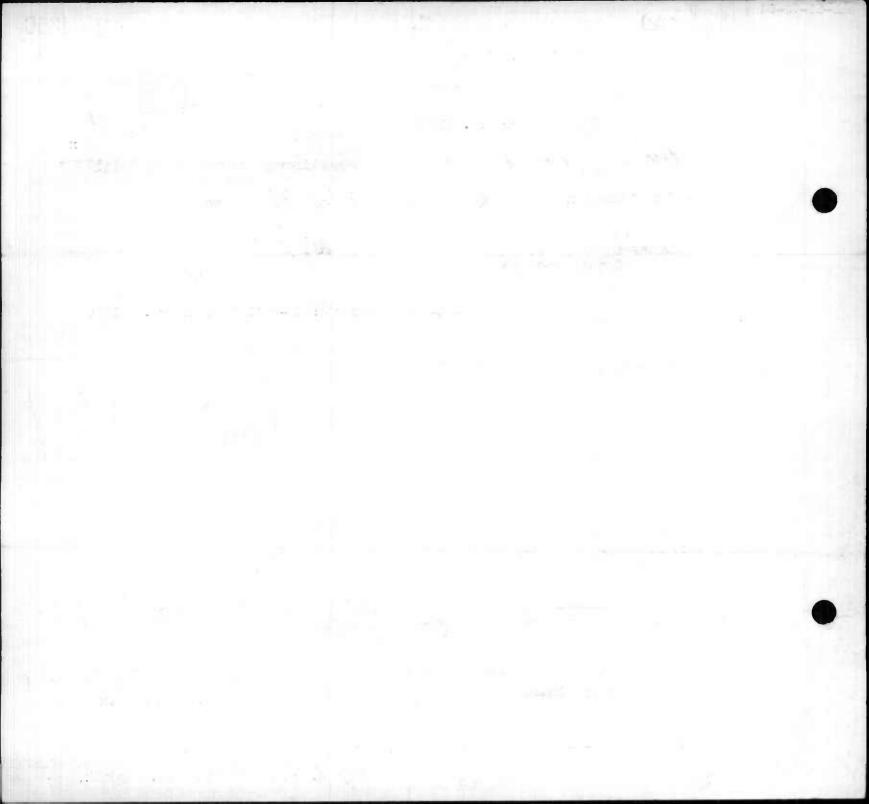
of the second street are a second second second second to the 1 - XANDX 10 Service of the service and the service services and the service of
1 151	72	-643				ORE CITY HE					72 1	14354
C-190		MED	ICAL	_ EX	(AMI	NER'S C	CERTIF	CATE C	F DEA	TH REG. NO.		71077
BIRTH NO.										×20.110.		
I. NAME OF DE		EUGENE	CAV	ON			2. DATE OF	Known Estimated	Month	Doy	Year	Hour
4. PLACE IN BA					UNCED I	DEAD	DEATH 3. DATE	Estimated (Month	Doy	Yeor	Hour
FULL NAME OF	(IF NOT	IN HOSPITA	L OR INS					UNCED DEAD	4	30	1972	5 p
OR INSTITUTION		1 4					5. USUAL I A. STATE			B. COUNTY	n: residence	before odmission)
	00 guilfe	ord Av					6 61714 6	Maryla	ina	In Injerns of	1	XV S
6. SEX	7. RACE white					MARRIED 🔀	C. CITY O		timore	D. INSIDE C		
male		0. AGE (In	WIDOV			Under 24 Hrs.	E. STREET	AND NUMBER] Y	ES 🗗	ио Ц
10/19/		lost birthday	75	Month	S Doys	Hours Min.		00 Guilf		e.		
11. BIRTHPLACE		country)			HAT COL		13. FATHE	S NAME				
	Penna.				Ues	S.A.		Thomas C				
14A.USUAL OCCU	JPATION (Give	and of work	4B. KINI	OF B	USINESS	OR INDUSTRY	15. MOTH	ER'S MAIDEN	NAME			
Painte							H.	dith Sli	ckinge	r		
16. WAS DECEAS	ED EVER IN U	S. ARMED	FORCE	5?	17. SOCI	AL RITY NO.	18. INFOR	MANT	0	A	DDRESS F	hila. Pa.
yes		WW		'		09-5418	Ara	belle Kr	opp (s	ister) 53		nt St.
19.	5 11.				C	AUSE OF DEA					Al	PROXIMATE INTERVAL
A DISEASES RISE TO THE UNDERLY!! OTHER SIGN TO THE DISEASE OIL	(Bis does not meen the mode of dylng, e.g., heart foliure, asthenic, eic. I meens the disease, injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).											
ZOA. DATE O	F OPERATION	208. CON	IDMON	FOR V	WHICH O	PERATION W	AS PERFORI	MED			no	PSY? (Yes or No)
UNDERLYING CA	INDEDIVING TOR CONTRIB										ect location)	
22D. TIME OF INJURY (APPROX.)	(Month) (Do	y) (Year) (Hou		HILE AT	OCCURRED NOT AT W	WHILE	22F. HOW DID	INJURY OC	CUR?		
ACTUAL SIGNAT EXAMIN NAME (URE / IER'S Type) Ru	ural course	Fus	Lesish	ner, N	Sulei 6	ASS ASS	omicide CO CHIEF MEDICA ISTANT MEDICA OCIATE MEDICA	Undeten AL EXAMINE AL EXAMINE	R 🗆		DATE SIGNED 5-1-72
24A. BURIAL CRE REMOVAL (Spec Remova 25A. DATE REC'D	fy)	8. DATE 5/11/72 EPT.	25B. N	5		of CEMETERY	meterv		D. LOCATIC	Luzern	e County	
MAY 8	- 1972	Robert		Facilita		D		nimunek]			Inc. 3	227 17
VS 151-REV. 1/1/6	8	(Jasoc)		7	No.		7 5	3 11) La	ne, Balto	Md.	21213



0 2107	2 04355	BALTIMORE CIT	Y HEALTH DEPARTMENT				
5-362		CERTIFICA	TE OF DEATH	REG. NO.	72 04355		
BIRTH NO.		OLK THICK					
(Type or Print)	MARJORTE	O. STRICKLANI		2. 1972			
3. PLACE IN BALTIMORE,	MARYLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (When	e deceased lived. Il in	stitution: residence before admission		
FULL NAME OF UF N	OT IN HOSPITAL OR INS	TILTON ONE COME	0. 0001		-27/6		
HOSPITAL OR ADI	PRESS OR LOCATION	HITOHON, GIVE STREET	Maryland c. CITY OR TOWN		DE CITY LIMITS?		
				D. IIVSII	YES NO		
Ta SINA	HOSPITAL		E. STREET AND NUMBER		TO DO		
			4701 Homer	Avenue			
	uc. WIDOW		July 15, 1899	9. AGE (In years last birthdoy)	Il Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.		
dane during most of working life	Give kind of work 108, KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or lorei	gn countryl	12. CITIZEN OF WHAT COUNTRY?		
Homemake			Popes Creek,	Maryland	U. S. A.		
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAM	AE			
George:	Dent		Laura Madd	ox			
15. Was Deceased Ever in U (Yes, na or unknown) (II yes, g	S Amed Forces?	1 6. SOCIAL	17. INFORMANT	07.	ADDRESS Dood		
No -		SECURITY NO. 217 12 8788	Mrs. Jean H.	Grant 7479	E. Furnace Branch		
18. 44 V		CAUSE OF DEAT		010110 1117	APPROXIMATE INTERVAL		
	NOITION DIRECTLY	D.	elnongen en	1601,50	SETHERAL CALCER ALIE DELEN		
1	TO DEATH	ALABAMEDIATE CAL	, ,	0110	5 minutes		
hearl foilure, asthenio,	the made of dying, e. etc. it means the diseas	(),	A CONSEQUENCE OF:		***************************************		
injury or complication		R	1		1/		
	ANTECEDENT CAUSES (B) PORche preliones 19 Zwels						
DISEASES OR CONT	OITIONS, if any, giving the cause (A) stating the	DUE TO, OR AS	A CONSEQUENCE OF:	***************************************			
UNDERLYING CONDI	TION last.	(C)					
	11						
O THER SIGNIFICANT CO	NOTIONS CONTRIBUTING	3					
DISEASE OR CONDITION	GIVEN IN PART 1 (A).	*************	***************************************				
E	N 198 CONDITION FO	WHICH OPERATION	20 A. AUTOPSY? (Yes at Na)	IN CERTIFYING CAU	NDINGS CONSIDERED SES OF DEATH?		
- OR CONTRIBUTING TIC	NDERLYING 2	B. PLACE OF INJURY (e.g., I	n or about 21C. WHERE DID	(If In Baltimore	City, give exoct location)		
DEATH (notify medical e	xomined e	ome, lorm, factory, street, of ic.)	nce blog., INJURI OCCUR?				
OF INJURY (Manth)	(Day) (Yearl (Haur) 2	E INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?			
(APPROX.)	l S	Vhile At Not While At Work	· C				
22. I certify that (I)-(his hospitel) attended				Maria		
	the deceased alive on) <u>*</u>	1927		
1 '/1.			lew the body ofter death.	t in (my) (our) o pini	on death occurred on the date		
23A. SIGNATURE	1 /	(1) (11-2) (GIG HOT) V	lew the body offer death.		23 B, DATE SIGNED		
Sern	rus 10 61	Alter	nding Med. S		The stone of		
23 CAPHYSTCIAN'S	2007/0	DEGREE Phys	Director L P	hys.	0/3//2		
NAME (Type)	nour 12	BIDEL	NIJ MARKI	HARALTI	A VI		
24A. BURIAL CREMATION.	1 1	NAME of CEMETERT OF CRE	MATORY OF	-1011/1	Dr. O.C.		
Burial		ew Cathedral C	1 0 /		fown, or county) (State)		
		QF REGISTRAR		altimore, M			
MAY 9 - 1072		Bang M. A.	25C. UNERAL DURECTOR	Demme	ADDRESS		
VS 150-REV. 1/1/68		7 7 11	IJV.E. Lowellt	Lemmon 65	00 York Road		
			/1				

BALTIMORE CITY HEALTH DEPARTMENT 04356 CERTIFICATE OF DEATH h occurred in a hospital and contributing cause of death T Such BIRTH NO. cause; (5) Decease I.NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Printl 0 hospital death. 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD ance B. COUNTY of not in Hospital or Institution, Give Street Address of Locationi 4940 Eastern Ave. 21224 MARYLAND HOSPITAL OR C. CITY OF TOWN attend 0 Dundalk 03 prior E. STREET AND NUMBER 2945 Liberty Parkway (4) Undetermined is made. regular 8. DATE OF, BIRTH 9. AGE (In years deceased NEVER MARRIED last birthdayl emale Caucasian WIDOWED DIVORCED 79 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote at foreign country) = disposition death done during most al working life, even il retired) 9 Housewife Was the 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME direct ele Coleman assistant death 0 kind; 15. Was Deceased Ever in U. S. Armed Farces? |Yes,no or unknown) (If yes, give war or dates at service) 6. SOCIAL 17. INFORMANT final SECURITY NO. attendance 219-20-7843 No any pronounced CAUSE OF DEATH or 18. DISEASE OR CONDITION DIRECTLY embalmed fracture of LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not meen the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: heart foilure, asthenia, etc. It means the disease, ular injury at camplication which caused death.) ANTECEDENT CAUSES who regi DUE TO, OR AS A CONSEQUENCE are DISEASES OR CONDITIONS, il any, giving rise to the obove cause (A) stating the the physician UNDERLYING CONDITION last. remains medical Was medical burns; П CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL (6) No physician DISEASE OR CONDITION GIVEN IN PART 1 (A). the chief 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED before YES the 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTINO CAUSE OF where nature; (2) 218. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, larm, foctory, street, affice bldg., INJURY OCCUR? to the hospital MEDICAL DEATH (notily medical examiner) obtained 21 D. TIME [Month] |Dayl IYearl Haud 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY approved (except Not While (APPROX.) and At Work any 22. I certify that (1) (this hospital) attended the deceased from 0110 that (1) (we) last saw the deceased alive on. of hospital death) and haur and from the causes stated above. (1) (We) (did) (did not) view the body after death. must accident 23A. SIGNATURE Attending | Med. Director Stoff 0 written approval Phys. 123D. ADDRESS 4940 8 23C. PHYSICIAN'S NAME IType) Sinasa prior Surat at Was An S URAT M D.O.A. 24A. BURIAL CREMATION, 24B. DATE deceased 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION he body REMOVAL ISpecify shows: Jerusalem Cemetery Was 25A. DATE REC'D BY HEALTH DEPT. 25B NAME OF REGISTRAR 25C. FUNERAL DIRECTOR

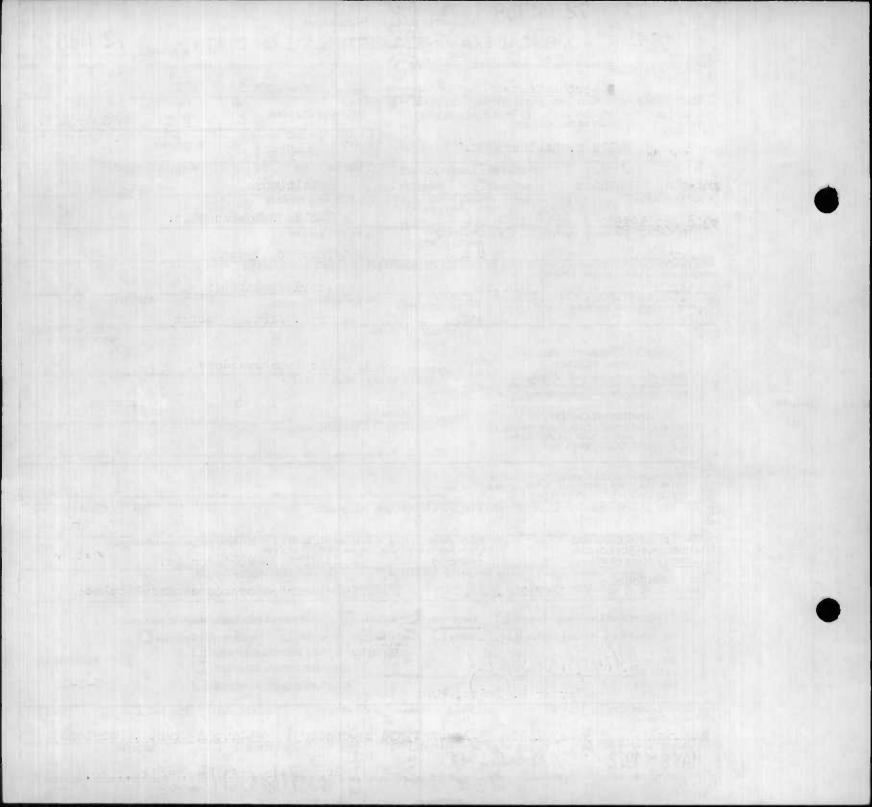
4. USUAL RESIDENCE I Where deceased lived. It institution: residence before admissigni Baltimore D. INSIDE CITY LIMITS YES NO 21222 Il Under 1 Yr. Months! Days If Under 24 Hrs. Days 12. CITIZEN OF WHAT COUNTRY? ADDRESS Records: BCH-4940 Eastern Ave. 21224 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20A-AUTOPSY? (Yes or No) 20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exoct location) and that in (my) (aur) apimian death accurred an the date 23B, DATE SIGNED Eastern Ave., Baltimore, Maryland (City, town, or county) (State) Paschall, North Carolina Duda 17922 Wise Ave. Dundalk, Md.21222



	coccurred in a hospital and contributing cause of death termined cause; (5) Deceased regular attendance on the eased prior to death. Such is made.	
IMPORTANT	Also, if the direct or or of any kind; (4) Under or	
FUNERAL DIRECTOR: IMPORTANT	lby the chief medical examiner spital by a medical examiner. ure; (2) Body burns; (3) A fractuyhere the physician who pro by No physician was in regular ad before the remains are embast	
X	This certificate must be approved by the chief medical examiner or his assistant if deoth occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	

BIRTH NO. 72 04357 CERTIFIC	CATE OF DEATH REG. NO. 72 04357
1. NAME OF DECEASED (Type or Print) WOLSE, Richard ALLI	2. DATE AND HOUR OF DEATH
3. PLACE IN BALTIMORE, MARILAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE B. COUNTY
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION	C. CITY OR TOWN D. INSIDE CITY LIMITS?
Penis. of maryland Hospital	E. STREET AND NUMBER 445 Wa King ST.
5. SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (in years If Under 1 Yr. If Under 24 Man
WIDOWED DIVORCED [1 6 - 7 - 79 22
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUS done during most of working life, even if retired)	TRY 11. BIRTHPLACE (Stoto or foreign country) 12. CITIZEN OF WHAT COUNTRY?
LABORER	PENNSYLVANIA U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
S. S. WolfE	Anna DULL
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (II yes, give wer or dotes of service) SECURITY NO.	17. INFORMANT ADDRESS
NO 197-40-96	76 KOLLER FUNERAL ROME YORK, TR
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A)IMMEDIATE (A)IMMEDIATE	TIPLE INJURIES APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH S DAILS
UNDERLYING CONDITION lost. (C)	AS A CONSEQUENCE OF:
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 194-DATE OF OPERATION 198-CONDITION FOR WHICH OPERATION WAS PERFORMED 214-ACCIDENT WAS UNDERLYING MEDICAL FOOT A	20A-AUTOPSY? (Yes or No.) 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
The same of the sa	office bldg., W King Md - York, Park 21F. HOW DID/INJURY OCCUR?
(APPROX.) April 26, 1942 8 p Work	Thile & spendton or cycle - should by
22. I certify that (f) (this hospital) altended the deceased from	
that (1) (Cas) lost saw the deceased alive on 4 May	19 22 and that In (may) (our) opinion death accurred on the date
and hour and from the causes stated above. (i) (We) (did) (did not	view the body after death.
23A. SIGNATURE	thending Med. Staff NZ
	Phys. 4 Hay 22
DEGR.	
BURIAL CREMATION, 248. DATE 24C. NAME OF CEMETERY OF	Complete Com
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS TOWNS
VS 150-REV. 1/1/6B / 0 0 0	moore more joek Ra ms

./	14 0	4000	BALTIMORE CITY HE	ALTH DEPA	RTMENT					
4-232 BIRTH NO.	2 MEI	DICAL E	XAMINER'S			DEA.	TH REG. NO	72	043	58
I. NAME OF DE	CEASED			2. DATE	Known []	Month	Doy	Year	Hour	
(Type or Print)	Bertha	Kostek		OF	Estimoted X	5	2	72	Milor	
4. PLACE IN BAI	LTIMORE, MARYLAND,	WHERE PRON	OLINCED DEAD	DEATH 3. DATE	Estimoled 2				PMaria	
FULL NAME OF					UNCED DEAD	Month	Day	Year	Hour	
HOSPITAL OR INSTITUTION	(IF NOT IN HOSPIT ADDRESS OR LOC	ATION)	,			5	2	72		Α.,
	272 S. Ro	hinaan (74	A. STATE	RESIDENCE (Where	e deceosed	lived, if institution: B. COUNTY	residence b	efore adm	ission)
00	2/2 S. KO	Dinson a	SC.		Maryland		D. COOM	/	00	2
6. SEX	7. RACE	8. MARRIED	NEVER MARRIED	C. CITY O	RIOWN		D. INSIDE CIT	Y LIMITS?		
Female	White	WIDOWED			Baltimor	e	No.	· []	П	
9. DATE OF BIRT	H HO.AGE (E. STREET	AND NUMBER		YE	Sbel	ио Ц	
	lost birthd	oy) Mon	inder 1 Yr. II Under 24 Hrs. iths Days Hours Min.			-1-2	04			
28 April					272 S. R	obinso	on St.			
III. BIKI HPLACE	State or fareign country)		CITIZEN OF WHAT COUNTRY?	13. FATHE	R'S NAME					
Marylar			USA		Lorenzo D.	Penn				
done during mout of	PATION (Give kind of work	148. KIND OF	BUSINESS OR INDUSTRY	15. MOTH	ER'S MAIDEN NA	ME				
Maid	working mo, even mremedy	Hote			Pearl Buck		m			
IL WAS DECEAS	ED EVER IN U.S. ARME (If yes, give wor or dates	D FORCES?	17. SOCIAL	18, INFOR	MANT	TIKIIG		DRESS		
	(If yes, give wor or dates	of service)	SECURITY NO.	77	G 77 1					
119.			27/1 59 /19/1		er S. Kost	ek	Same			
7 9	5011/		CAUSE OF DEA	TH					PROXIMATE I	
DISEAS	E OR CONDITION DIRE	CTLY								
	LEADING TO DEATH		/ANIMMEDIATE C	AUSE Sal	licylate o	verdos	se			
(This does n	ot mean the made of di , osthenia, etc. It means th	ying, e.g.,	DUE TO, OR							
injury or cor	nplication which coused de	oth.)								
	NTECEDENT CAUSES	V CIVING	(B)	AS A CONCE	QUENCE OF:					
RISE TO THE	OR CONDITIONS, IF AN	TING THE	DUE 10, OK	NO W COMP	QUENCE OF					
I IINIII-VI YIE	NG CONDITION LAST.		(c)							
OTHER SIGN TO THE DEL DISEASE OR 20A. DATE OF	- 11									
OTHER SIGN	IFICANT CONDITIONS C	ONTRIBUTING								
DISEASE OR	ATH BUT NOT RELATED TO	THE TERMINAL								
20A. DATE OF			WHICH OPERATION WA	S PERFORM	AFD			21. AUTO	ocvo (Yes	or No
0				EKI OKI				21. AUTO		
₹ 22A. EXTER	NAL CAUSE WAS	long							No)
OHNDERINAL	OR CONTRIB-	home	PLACE OF INJURY (e.g., a, farm, factory, street, office	bldg. etc.)	NJURY OCCUR?	(If In Ballimo	ere City, give exac	t location)	110	
□ UTING □ CA	USE OF DEATH.		home		272 S.	Robins	son St.	/	00	
OF INJURY F	(Month) (Day) (Yea	r) (Hour) 2	2E.INJURY OCCURRED		22F. HOWDID IN.	JURY OCC	UR?			
(APPROX.)	5 2 72	7:30Am.	WHILE AT NOT AT W	WHILE S	Ingested	overdo	se of sa	licvla	ates	
23.					21.000					
1 cert	Ify that I held an I	inquiry 🔲	Inspection Aut	opsy 🗍	and that on th	its basis.	death in my o	ninion		
	ted from Natural cas		celdent Suleid		Part of the last o		per c	-		
102011	11/1		1	_			ned monner	3		
ACTUAL	1111/100	-) _ De	. ~	CHIEF MEDICAL E		F		DATE SIG	NED
SIGNATI		1/V	M.D.	ASS	ISTANT MEDICAL E	XAMINER	Ш			
EXAMIN				ASSO	CIATE MEDICAL E	XAMINER			5-2-72	2
NAME (T			itz, M.D.							
24A. BURIAL CREA REMOVAL (Specific	MATION, 248. DATE	24	C. NAME of CEMETERY	CREMATO	DRY 24D.	LOCATION	(City, town,	or county)	(Ste	ate)
	1	7070	Diagram D. 1	0-		0-	12 0.	26		
Burial 25A. DATE REC'D	BY HEALTH DEPT	1972	Pleasant Rid OF REGISTRAR			Carro.			yLand	
MAY 0 -	40000 1110 4	0 7 0		250.	FUNERAL DIRECTO	JK .	AD	DRESS		
MIMIO	19/2 Jabens	E Jarber	, 1.0.	B	urgeei Elme	שב ברבים	dina Razi		3	
VS 151-REV. 1/1/68	1 1/01	100	1 1		3 3 // 01	-	Va As CO	/Va 9 111		—
	IV 7 to	1		Y	- www	MIL	-CNS			



Hamicide ___

CHIEF MEDICAL EXAMINER

24D. LOCATION

Royer,

Pike. Rockville. Maryland

ASSISTANT MEDICAL EXAMINER

ASSOCIATE MEDICAL EXAMINER

Undetermined manner

DATE SIGNED

(Stote)

Pennsylvani

5/4/72

(City, town, or county)

25C. FUNERAL DIRECTOR
Tyson Wheeler Funeral Home 1331 Rockville

resulted fram: Natural causes X

24B. DATE

5/6/72

ACTUAL

24A. BURIAL CREMATION.

REMOVAL (Specify)

VS 151-REV. 1/1/6B

Burial

SIGNATURE.

NAME (Type)

25A. DATE REC'D BY HEALTH DEPT.

Accident

25B. NAME OF REGISTRAR

Ronald N. Kornblum, M.D.

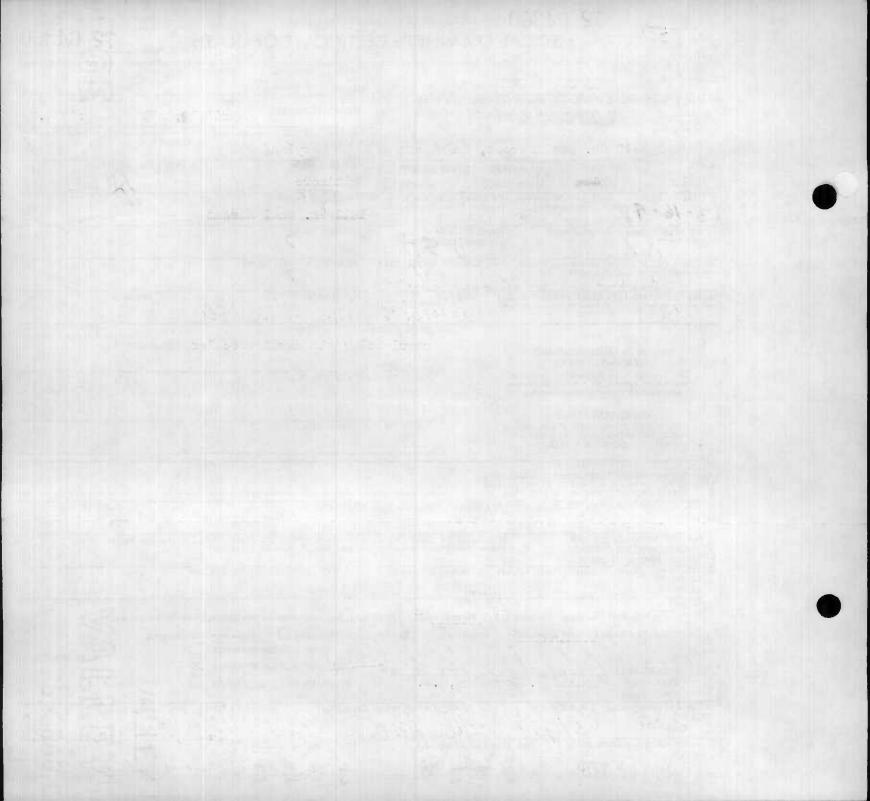
Suicide

Royer Memorial Cemetery

24C. NAME of CEMETERY or CREMATORY

72 04360 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. BIRTH NO. 1. NAME OF DECEASED 2. DATE OF Known Month Hour Year PHILLIP PAYTON Estimated DEATH 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 3. DATE Doy Manth Year Hour FULL NAME OF HOSPITAL OR INSTITUTION PRONOUNCED DEAD (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) April 19,1972 9:40 A. 5. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission)

	00 1812 St. Paul Stre	et, 2nd floor	A. STATE Maryland	B. COUNTY	1205
	SEX 7. RACE 8. MAR	RIED NEVER MARRIED	C. CITY OR TOWN	D. INSIDE CITY LIM	ITS?
	Male White WIDON	WED DIVORCED	Baltimore	YES DA	NO
	DATE OF BIRTH 10.AGE (In years	H Under 1 Yr. II Under 24 Hrs. Months Days Hours Min.	E. STREET AND NUMBER	1 125	
_	3-16-98 Io.AGE (In years		1812 St. Paul Str	eet	
	BIRTHPLACE(State or foreign country)	WHAT COUNTRYS	13. FATHER'S NAME		
no	A.USUAL OCCUPATION (Give kind of work) 148. KINI ne during most of warking life, even if retired)	when Shop	?		
s. e	WAS DECEASED EVER IN U.S. ARMED FORCE is, no ar uninawn) (if yes, give war or dates of service	17. SOCIAL SECURITY NO. 29 2010806	m. Wm C	Ole ADDRES	S
	19.24 / 2 4	CAUSE OF DEAT	н		APPROXIMATE INTERVAL SETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY	Arterios	sclerotic cardiovas	cular disease	
	LEADING TO DEATH	(A)IMMEDIATE C	AUSE		
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. il means the disease, injury or camplication which caused deoth.)	DUE TO, OR A	S A CONSEQUENCE OF:		
	ANTECEDENT CAUSES	(B)			
	DISEASES OR CONDITIONS, IF ANY, GIVING	DUE TO, OR	AS A CONSEQUENCE OF:		
2	UNDERLYING CONDITION LAST.	(c)			
2	II II				
5	OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A)	MNAL			
CERI	20A. DATE OF OPERATION 20B. CONDITION	FOR WHICH OPERATION WA	S PERFORMED	21. A	UTOPSY? (Yes ar Na)
٦	22A. EXTERNAL CAUSE WAS	228 PLACE OF INJURY	in ar about 22C. WHERE DID (II in Be		
	military and distant them				
ביבי	UNDERLYING OR CONTRIB-	home, farm, factory, street, affice	bldg., etc.) INJURY OCCUR?		,
MEDICA	UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.	r) 22E.INJURY OCCURRED	22F. HOW DID INJURY		
STORE	UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 22D. TIME (Manth) (Day) (Year) (Hou OF INJURY (APPROX.)	r) 22E.INJURY OCCURRED	22F. HOW DID INJURY		
MEDICA	UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 22D. TIME (Manth) (Day) (Year) (Hou OF INJURY (APPROX.) 23.	m WORK NOT	22F. HOW DID INJURY WHILE	OCCUR?	
MEDICA	UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 22D. TIME (Manth) (Day) (Year) (Hou OF INJURY (APPROX.) 23. 1 certify that 1 held an Inquiry	r) 22E.INJURY OCCURRED WHILE AT NOT AT W Inspection AT W Aut	WHILE ORK ON ON THE ONE OF THE ORK ON THE ORK ON THE ORK ON THE OR ORK ON THE OR		
MEDICA	UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 22D. TIME (Manth) (Day) (Year) (Hou OF INJURY (APPROX.) 23.	m WORK NOT	opsy Ond that on this be	occur?	
MEDICA	UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 22D. TIME (Manth) (Day) (Year) (Hou OF INJURY (APPROX.) 23. 1 certify that 1 held an Inquiry	r) 22E.INJURY OCCURRED WHILE AT NOT AT W Inspection AT W Aut	opsy ond that on this be Homicide Under	occur?	
MEDICA	UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 22D. TIME (Manth) (Day) (Year) (Hou OF INJURY (APPROX.) 23. I certify that I held an Inquiry resulted from: Natural causes X ACTUAL SIGNATURE	m. WHILE AT NOT AT W Inspection A Aut Accident Suicid	opsy ond that on this be CHIEF MEDICAL EXAMI	occur?	DATE SIGNED
ACICIAN	UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 22D. TIME (Manth) (Day) (Year) (Hou OF INJURY (APPROX.) 23. I certify that I held an Inquiry resulted from: Natural causes X ACTUAL SIGNATURE EXAMINER'S Ronald N. Ko	m. WHILE AT NOT AT W Inspection AT W Accident Suicid	opsy ond that on this be Homicide Under CHIEF MEDICAL EXAMI	occur?	on
MEDICA	UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 22D. TIME (Manth) (Day) (Year) (Hou OF INJURY (APPROX.) 23. 1 certify that I held an Inquiry resulted from: Natural causes ACTUAL SIGNATURE EXAMINER'S Ronald N. Konamer Name (Type)	m. WHILE AT NOT AT W Inspection A Aut Accident Suicid	opsy ond that on this be Homicide Under CHIEF MEDICAL EXAMI	occur?	DATE SIGNED
MEDICA	UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 22D. TIME (Manth) (Day) (Year) (Hou OF INJURY (APPROX.) 23. I certify that I held an Inquiry resulted from: Natural causes X ACTUAL SIGNATURE EXAMINER'S Ronald N. KONAME (Type)	m. WHILE AT NOT AT WORK A Coldent Suicid	opsy ond that on this be Homicide Under CHIEF MEDICAL EXAMI ASSOCIATE MEDICAL EXAMI	occur?	DATE SIGNED
E	UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 22D. TIME (Month) (Day) (Year) (Hou OF INJURY (APPROX.) 23. I certify that I held an Inquiry resulted from: Natural causes X ACTUAL SIGNATURE EXAMINER'S Ronald N. Koname (Type) A BURIAL CREMATION, 248. DATE (Specify) A SURIAL (Specify) 248. DATE	m. WHILE AT NOT AT WORK A Coldent Suicid	opsy ond that on this be Homicide Under CHIEF MEDICAL EXAMI ASSISTANT MEDICAL EXAMI ASSOCIATE MEDICAL EXAMI OF CREMATORY 24D, LOCA	occur? asis, death in my opinion termined manner NER NER NER A/ NON (City, loyn, or co	DATE SIGNED 19/72 Junity) (Stole)
E	UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 22D. TIME (Month) (Day) (Year) (Hou OF INJURY (APPROX.) 23. I certify that I held an Inquiry resulted from: Natural causes X ACTUAL SIGNATURE EXAMINER'S Ronald N. Koname (Type) A BURIAL CREMATION, 248. DATE (Specify) A SURIAL (Specify) 248. DATE	Inspection Suicid Accident Suicid Ornb lum, M. D. 24C. NAME of CEMETERY of	opsy ond that on this be Homicide Under CHIEF MEDICAL EXAMI ASSOCIATE MEDICAL EXAMI	occur?	DATE SIGNED 19/72 Junity) (Stole)
E	UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 22D. TIME (Month) (Day) (Year) (Hou OF INJURY (APPROX.) 23. I certify that I held an Inquiry resulted from: Natural causes X ACTUAL SIGNATURE EXAMINER'S Ronald N. Koname (Type) A BURIAL CREMATION, 248. DATE (Specify) A SURIAL (Specify) 248. DATE	Inspection Suicid Accident Suicid Ornb lum, M. D. 24C. NAME of CEMETERY of	opsy ond that on this be Homicide Under CHIEF MEDICAL EXAMI ASSISTANT MEDICAL EXAMI ASSOCIATE MEDICAL EXAMI OF CREMATORY 24D, LOCA	occur? asis, death in my opinion termined manner NER NER NER A/ NON (City, loyn, or co	DATE SIGNED 19/72 Junity) (Stole)



the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

0	BALTIMORE CITY	HEALTH DEPARTMENT	
C-625 72 04361	CERTIFICA	TE OF DEATH	REG. NO. 72 04351
1. NAME OF DECEASED		2. DATE AND HOU	R OF DEATH
CRISMAN. Jesse	4-	5-5-2	78. 1050 AM.
	UNCED DEAD	4. USUAL RESIDENCE (Where decease A. STATE B. COUNTY	sed lived. If institutions residence before admission)
FULL NAME OF IF NOT IN HOSPITAL OR INSTITUTION INSTITUTION INSTITUTION	TUTION, GIVE STREET	C. CITY OR TOWN	ARUNDEL CO.
TBON SECOURS HO	OSPITAL	E. STREET AND NUMBER	YES NO
		527 OVLVICH	V Drive
5. SEX 6. RACE 7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH 9. AGE	(In years If Under 1 Yr. If Under 24 Hrs. Months! Days Hours! Min.
MALE WhiTE WIDOWED	DIVORCED [9-10-99 lost birth	12
10A, USUAL OCCUPATION (Give kind of work 10B, KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE IState of foreign count	12. CITIZEN OF WHAT COUNTRY?
Retired MAINTHAM SUN	oil co.	VIRGINIA	4.5.4.
13. FATHER'S NAME		14 MOTHER'S MAIDEN NAME	2
Levi CRISMAN		Elizabeth A.	Ams bettern
15. Was Decessed Ever in U. S. Armed Forces?	1 & SOCIAL	17. INFORMANT	ADDRESS
(Yes, no or unknown) (If yes, give war or dates of service)	SECURITY NO. 163 705-955	CHART	BON SECOURS HOSP
18.11 41 21	CAUSE OF DEAT	1	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY	Villeri	18 0 101 0 BOOK	BETWEEN ONSET AND DEATH
LEADING TO DEATH	(A)IMMEDIATE CAU	ISE YELL	
(This does not mean the mode of dylng, e.g. heart failure, aethenia, etc. It means the disease	DUE TO, OR AS	A CONSEQUENCE OF	1
Injury or complication which caused death.)	· Our	of boat	2.00,00
ANTECEDENT CAUSES	Coug	their was I	accure
DISEASES OR CONDITIONS, If any, giving	DUE TO, OR AS	A CONSEQUENCE OF:	
rise to the above cause (A) stating the UNDERLYING CONDITION last.	10 abd	nural a all	cysu. pro
18	alco	atul.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING			
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).			
194 DATE OF OPERATION 198 CONDITION FOR		20A AUTOPSYT (Yes or No.) 20B, 1	F YES, WERE FINDINGS CONSIDERED ERTIFYING CAUSES OF DEATH?
	iclirifilia.	100	
OR CONTRIBUTING CAUSE OF the DEATH Inotify medical examines	me, fam, factory, street, of	n of obout 21 C. WHERE DID fice bidg. INJURY OCCUR?	(If in Boltimore City, give exect location)
	E INJURY OCCURRED	215. HOW DID INJURY OC	CUM
	hile At While At Work	•	
22. 1 certify that (1) (this hospital) attended	the deceased from	19	10 19
that (1) (we) lost sow the deceased alive on.	the second secon		ny) (our) opinion death occurred on the date
and hour and from the couses stated above.	(i) (We) (did) (did not) v		
23A SIGNATURA			238, DATE SIGNED
Se Junis		nding Med. Staff Phys.	5-5-72
23C.PHYSYCIAN'S NAME (Type)	DEOKEE	23D. ADDRESS	
NAME (Type) APTURO T. S	4NTOS 19.D.	Bom Secons	a. (4020)
24A. BUNIAL CREMATION, 24B. DATE 24C.N	NAME OF GEMETERY OF CR	MATORY 24D. LOCATIO	N (City, town, or county) (State)
The war of 19/21	lon-lan ala	Vleisellaw Elt.	las if the Mil.
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME	OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS ADDRESS
		///	Ulivation
MAY 2 - 1072 (BEARE TE	GEL ARD OF O	Sznoletantin	reval Home Clark Ream MA.

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FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

7 and 70 010-	BALTIMORE CITY	HEALTH DEPARTMENT	79	04362
DIRITI 140.	CERTIFICA	TE OF DEATH	. NO	04002
	TZER	2. DATE AND HOUR OF		2. 20- pm
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED	DEAD	4. USUAL RESIDENCE I Where deceased A. STATE B. COUNTY	lived. Il institution: re	sidence before admission)
FULL NAME OF HOSPITAL OR INSTITUTION, ADDRESS OR LOCATION)	GIVE STREET	C. CITY OF TOWN C. C. CITY OF TOWN	D. INSIDE CITY LI	mbrell mel
34 BON Iseaus Hospital		E. STREET AND NUMBER BER 107 A	Gamh	
5. SEX 6. RACE WIDOWED NEV	DIVORCED	8. DATE OF BIRTH JUL-29, 1921 lost birthdoy	50 If Under	1 Yr. If Under 24 Hrs. Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINI done during most of working life, even it refired) House Mar	SS OR INDUSTRY	Odenton, paryla nd	12. CITI	USA WHAT COUNTRY?
13. FATHER'S NAME Clarence Hood		14. MOTHER'S MAIDEN NAME LUA HOTEL.		
15. Was Decoased Ever in U. S. Armed Forces? [Yes, no of ynknown] [If yes, give wor or dotes of service]	24-2102	17. INFORMANT		ADDRESS
No 220-	-24-5105	Mr. William H. Switze	r, same as	#4
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. II means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION tast. 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 21 OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21 21 21 21 21 21 21 21 21 2	DUE TO, OR AS (B) J. G. M. DUE TO, OR AS C) Pulw OPERATION FOR DIAGNOS OF INJURY (e.g., in foctory, street, of	ISE Cardiac arrest A CONSEQUENCE OF: LINES WEETS THE A PROPERTY OF A P	eumoules Let year bobs rught ly s, were findings ying causes of E Les n Boltimore City, give	
(APPROX.)	At Work			
22. I certify that (I) (this hospital) attended the dece that (I) (we) last saw the deceased alive an and hour and from the causes stated above. (I) (We) (23A. SIGNATURE	did) (did not) v	iew the bady after death.	23B, DATE	SIGNED
23C. PHYSICIAN'S NAME (Type) PUTCHARA M. S 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of C REMOVAL (Specify)	DEGREE Phys	BON SECONDE HOMATORY 240. LOCATION	SPT 70 C (City, town, or	BPC 70 Hal 2/e/;
25A. DATE REC'D, BY HEALTH DEPT. 25B. NAME OF REGIS		25C. FUNERAL DIRECTOR	-ary rain	ADDRESS A. D. M.
VS 150-REV. 1/1/68		With the Thomas Many	-1/2/18	1 June 1

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L-5,72 Lieuw Junebury, Stanbon, -mybon

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. IMPORTANT FUNERAL DIRECTOR:

	M-532 / 72 04363 BALTIMORE CITY HEALTH DEPARTMENT
1	BIRTH NO. CERTIFICATE OF DEATH REG. NO.
	LNAME OF DECLASED
	Matamery 100RA L. 5/3/72 1000
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE B. COUNTY
	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATIONI C. CITY OR TOWN Halethorpe D. INSIDE CITY LIMITS?
7	
	Bolton Hill Nursing Home 1229 OAKLAND Terr. Rd
	5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9, AGE (In years if Under 14. II Under 24 Mer.
	WIDOWED DIVORCED 10/12/83 lost bisthdoy Months Doys Hours Min.
*	TOWN USUAL OCCUPATION (Give kind of work 10 B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or loreign country) 12. CITIZEN OF WHAT COUNTRY?
	House wife Md. 21.5.A.
	Dhilling Mother's Maiden NAME
	Daniel W.
	5. Wes Deceosed Efer in U. S. Armed Forces? Yes, no or unknown) (If yes, give wor or dotes of service) 16. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS Rd.
	70 212-03-8035 Mr. Granville H. Montgomery, 1229 Oakland Ter
	18.4 / 2 S APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
	(This does not mean the mode of dying en (A) MMEDIATE CAUSE William Clubs for disease year
	heast failuse, asthenia, etc. It means the disease, injusy or camplication which coused death.)
	ANTECEDENT CAUSES
	DISEASES OR CONDITIONS, if ony, giving DUE TO, OR AS A CONSEQUENCE OF:
	rise to the abave couse (A) stating the UNDERLYING CONDITION last. (C) Colorton
	11
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes of No.) 10 CERTIFYING CAUSES OF DEATH?
Ш	DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED.
	19A DATE OF OPERATION 19R CONDITION FOR WHICH OPERATION 20A AUTOPSY? (Yes or No.) 20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	J 21A ACCIDENT WAS UNDERLYING 21B PLACE OF INJURY (e.g. in or about 21C WHERE DID.
Ш	DEATH (nofity medical examiner) etc.)
- 11	21D. TIME (Month) (Doyl (Yood (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
	(APPROX.) While At Not While Work At Work
	22. I certify that (1) (this hospital) attended the deceased from 11/2 1967 to 5/3 1972
	that (1) (we) last saw the deceased alive an
	and haur and from the causes stated abave. (1) (We) (did) (did not) view the bady after death.
	23A. SIGNATURE 23B. DATE SIGNED
	Attending Med. Staff Director Phys. Staff
\parallel	23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS
	A. BURIAL CREMATION, 1248, DATE 1240 NAME of CRAMPTER VERMATER VER
	REMOVAL (Specifyl 24D. LOCATION (City, town, or countyl (Stotel
	Burial 5-6-1972 Loudon Park Cemetery Baltimore, Maryland
	MAY 8 - 1972 Pulled C. Jacker M. D. Director Address Howard H. Hubbard 4107 Wilkers Ave 21229
IF	Howard H. Hubbard, 4107 Wilkens Ave. 21229

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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. written approval must be obtained before the remains are embalmed or final disposition is made. FUNERAL DIRECTOR: IMPORTANT

Such

1/-			BALTIMORE CITY	HEALTH DEPARTMEN	T	
H-5/1	72 (14364	CERTIFICA	TE OF DEAT	H REG. NO.	72 04364
Type or Print)	ADA	Е. н	ENNEBERRY		May 3, 197	
3. PLACE IN BA	ALTIMORE, MARYLAND, V	HERE PRONOL	JNCED DEAD	4. USUAL RESIDENCE	Where deceased lived, I	f institution: residence before admission)
FULL NAME O HOSPITAL OR INSTITUTION	F (IF NOT IN HOSPIT ADDRESS OR LOC	AL OR INSTITU	JTION, GIVE STREET	Maryland		NSIDE CITY LIMITS?
90	Gould Conv		ım	Baltimore E. STREET AND NUMBER 2020 Breit	ER Avenue	YES NO NO
S. SEX	6. RACE		NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr., if Under 24 Hrs.
Fema 1e	White CUPATION (Give kind of wor	WIDOWED	DIVORCED [11-15-1880	91	Months Days Hours Min.
	of working lile, even if retired)	IND OF	BOSINESS OR INDUSTRI	II. BIKIMPLACE (State of	r toreign country)	12. CITIZEN OF WHAT COUNTRY?
Homemake				Marylar		U.S.A.
13. FATHER'S N.	AME			14. MOTHER'S MAIDEN	NAME	
		ney			icLa ugh i n	
15. Was Decease (Yes, no or unknow	ed Ever in U.S. Armed For vn)(If yes, give wor or dote	rces? es of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No			215-52-0620	Mrs. Helen E	dwards, 2020	Breitwert Ave. 21230
(This does hearl foilure injury or co	ASE OR CONDITION DI LEADING TO DEATH nal mean the mode of e, osthenia, etc. Il meons omplicotion which caused ANTECEDENT CAUSES OR CONDITIONS, it the obove couse (A)	dying, e.g., the diseose, death.)	(B) Gene	A CONSEQUENCE OF:	who Henry	Departe 24 has
TO THE DE	II IIFICANT CONDITIONS CO ATH BUT NOT RELATED TO T CONDITION GIVEN IN PAI	HE TERMINAL	Chroni L	Prair System		
		DITION FOR V	VHICH OPERATION	20A. AUTOPSY? (Yes	IN CERTIFYING	RE FINDINGS CONSIDERED CAUSES OF DEATH?
OR CONTRI	BUTING CAUSE OF	21 B. hom etc.)	e, lorm, foctory, street, o	n or about 21 C. WHERE Diffice bldg., INJURY OCCU	ID (If in Boltin	more City, give exact location)
21 D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Year)		INJURY OCCURRED le At Not While k At Work	• —	INJURY OCCUR?	
that (I) (w	fy that (1) (this hospita e) last saw the decease nd fram the causes sta	ed alive an	5/	2/ 19 72 an	d that in (my) (app)	aplnian death accurred on the date
23A. SIGNA	ho B Bro	colley	OEGREE Phy		Staff Phys.	5/5/72
23C. PHYSIC NAME	(Type) Alber		radley		r Road, Balt	imore, Maryland
24A. BURIAL CI REMOVAL	REMATION, 24B. DATE (Specify)		ME of CEMETERY OF CR			(City, town, or county) (Stote)
Buria1	5-6-19	12	raine Park Ce		loodlawn, Mar	
MAY.8	1972 Robert &	258, NAME C		2SC. FUNERAL DIRE		7 Wilkens Ave. 21229
VS 150-REV. 1/	1/6B					

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to death.

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4-650		TE OF DEATH REG. NO.	72 04365
BIRTH NO.	34365	2. DATE AND HOUR OF DEAT	vu
Horn, Henry	y John	May 4, 1972	2:00
3. PLACE IN BALTIMORE MARYLAND, V	WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE IWhere deceased lived. II	l institution: residence before admission
HOSMITAL OR Baltimore Ci-		Maryland BAL7	NSIDE CITY LIMITS? YES NO P
Male Caucasian	7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hr. Months: Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of word done during most of working life, even if refired)	TIOB, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTR
EDWARD 15. Was Deceased Ever in U. S. Armed For (Yos, no or unknown) Uf yes, give war or date	FOR N Inces? Security No. SECURITY NO. 2 19-01-831	17. INFORMANT 4904 Easte	ern Aventerss
DISEASE OR CONDITION DI LEADING TO DEATH (This does not mean the mode of heart failure, asthenia, etc. It means injury ar camplication which caused ANTECEDENT CAUSES DISEASES OR CONDITIONS, if	dying, e.g., the disease, death.)	7 SEPSIS	, Maryland 21224 APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
ise to the above cause (A) UNDERLYING CONDITION last.		ELY OXHETER	***************************************
OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATED TO TO DISEASE OR CONDITION GIVEN IN PAR	HE TERMINAL	neununus	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PARTIES TO THE DISEASE OF OPERATION 198 CONWAS PER	FORMED	20A AUTOPSY? (Yes or No) 20B, IF YES, WER IN CERTIFYING	E FINDINGS CONSIDERED CAUSES OF DEATH?
OR CONTUBUTING CAUSE OF DEATH Inotity medical examines	21B PLACE OF INJURY le.g., i home, farm, foctory, street, of etc.)	n or obout 21C. WHERE DID (If In Boltim	nore City, give exact location)
21D. TIME (Manth) (Doy) (Year) S (APPROX.)	(Hour) 21E INJURY OCCURRED While At Not Whil	21F. HOW DID INJURY OCCUR?	

that (4) (we) last saw the deceased alive and that in (my) (our) opinion death occurred on the date

and hour and from the courses stated above. (1) (We) (did) (did not) view the body after death.

3A SIGNATURE		
1 paaa	1	ru a
3C. PHYSICIAN'S	4,	

Attending Phys. Med. Director 23D. ADDRESS

B

238 DAYE

DATE

OF CREMATORY

24D. LOCATION

(City, town, or county)

(State)

BURIAL CREMATION,

ADDRESS

HEALTH DEPT.

258. NAME OF

25C. FUNERAL DIRECTOR

ALT

Such rif death occurred in a hospital and irect or contributing cause of death (4) Undetermined cause; (5) Deceased uo o death. attendance 0 prior disposition is made. in regular deceased Was the death 0 or final attendance any pronounced embalmed fracture of regular the chief medical examiner examiner. who are 4 3 5 physician remains MOS medical (2) Body burns; physician before the 0 the to the hospital by where å any nature; by obtained 9 certificate must be approved (except and

An accident of hospital death)

0

prior +0 4 Ξ

deceased

0

0.0

MOS

shows:

the body was released

BALTIMORE CITY HEALTH DEPARTMENT REG. NO. CERTIFICATE OF DEATH I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Typo or Print) 1972 PORTA MAY 4 USUAL RESIDENCE (Where deceased lived, If institutions residence before admission) 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD B. COUNTY MARYLAND BALTIMORE FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C. CITY OR TOWN D. INSIDE CITY LIMITS? YES T NO X BALTIMORE ST. AGNES HOSPITAL E. STREET AND NUMBER 4129 BEDFORD RD 21207 9. AGE (In yours lost birthdoy) 5. SEX 6. RACE & DATE OF BIRTH If Under 1 Ys. If Under 24 Hrs. 7. MARRIED X NEVER MARRIED Hours MALE CAUCASIAN WIDOWED DIVORCED 68 09/15/03 10A USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) done during most of working life, even it reflect)

RETAL Sears 12 CITIZEN OF WHAT COUNTRY? SALESMAN - Retired MERXXXMENX STORE MARYLAND U.S.A. 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME JOHN PORTA **PORTA** ROSA 15. Was Decessed Ever in U. S. Armed Forces?
(Yos, no or unknown) Uf yes, give war or dates of service)
Yes World War II 7. INFORMANT ADDRESS & SOCIAL SECURITY NO. 214-26-8591 ST . AGNES HOSPITAL CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH IThis does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last, CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART T (A). 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A-DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSYZ (Yes or No) YES 218 PLACE OF INJURY (e.g., in or obout 21G, WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) (If In Baltimore City, give exact location) MEDICAL 21D. TIME OF INJURY (Month) (Day) (Year) (Houd 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? Not While While At (APPROX.) Work At Work 22. I certify that (i) (this hospital) attended the deceased from ARTI that (1) (we) lost sow the deceased alive on MAY 4 ond that in(my) (our) opinion death occurred on the date must be and hour and from the causes stated above. (1) (We) (dld) (dld pot) view the body after death. 238, DATE SIGNED 23A. SIGNATURE //Attending Med. Stoff Phys. Director Phys. written approval 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (State) NEW CATHEDRAL CEMETERY BALTIMORE, MARYLAND BURIAL

25C, FUNERAL DIRECTOR oring Byers Funeral Directors, P. A.

	l and	death	eased	n the	Such		
	hospita	\$0 of	(5) Dec	dnce o	death.		
	f in a	na can	cause;	attend	ior to		
5	ecurre	ntributi	beuim.	agular	ised pi	made.	
	death o	102 TO	Undeter	as in r	a decec	sition is	
	fant if	• direct	nd; (4)	oath w	on the	al dispo	
	is assis	b, if the	any ki	sed de	ndance	l or fine	
	ner or h	er. Alsc	cture of	pronout	ar atte	palmec	
	examir	xamin	3) A fra	who	n regu	are em	
	nedical	odical e	ourns; (hysician	n was i	•mains	
	s chief r	by a m	Body	e the p	hysicia	ore the	
	d by the	Spital	ture; (2	t where	6) No p	ed befor	
	pprove	to the hospital by a medical examiner. Also, if the direct or contributing cause of death	any na	(excep) pup :	e obtain	
	ust be c	ogsed t	ident of	nospital	death)	must b	
	icate m	was rel	An acci	Latah	prior to	proval	
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	the body was released	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	15 D.O.A	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	written approval must be obtained before the remains are embalmed or final disposition is made.	
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=	11-		BALTIMORE CITY	HEALTH DEPARTMENT		מספי ח חומים
DIETH NO	165 72 04	367 (CERTIFICA	TE OF DEATH	REG. NO	72 04367
I. NAME OF	DECEASED "Henry Eberwein				AND HOUR OF DEATH	1:00. A
	BALTIMORE MARYLAND, V		DEAD	4. USUAL RESIDENCE (Where deceased lived, If i	nstitution: residence before admission
FULL NAM HOSPITAL C	OR ADDRESS OR LOC	AL OR INSTITUTION,	GIVE STREET	Md	D. INS	DIDE CITY LIMITS?
WWW AND				Baltimore		YES NO T
31	Mercy Hospital,	Inc.		E. STREET AND NUMBE		
5. SEX	6. RACE	7. MARRIED X NEV	DIVORCED [8. DATE OF BIRTH 3/8/1890	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs Months: Days Hours Min.
done during m	OCCUPATION (Give kind of work of working life, even if refired) Mill Hand	108, KIND OF BUSIN	ESS OR INDUSTRY	Md.	(oreign country)	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S	NAME			14. MOTHER'S MAIDEN	NAME	
	William	F. Eberwe	in	Kate Hi	nkle	
15. Was Dec	eased Ever in U. S. Armed For known) (If yes, give war or dok	ces? 16. 50	CIAL CURITY NO.	17. INFORMANT		ADDRESS
no	Just give war of con			Marcie, Ebe	rwein same	
18. //	10 21		AUSE OF DEAT		A SAME	APPROXIMATE INTERVAL
other SI	ANTECEDENT CAUSES ES OR CONDITIONS, if the above cause (A) LYING CONDITION test. 11 GNIFICANT CONDITIONS CO DEATH BUT NOT RELATED TO T	any, giving stating the	POUR TO AS	A CONSCOUENCE OF:	lunoths	rax
	OR CONDITION GIVEN IN PARTIE OF OPERATION 198 CONWAS PER	DITION FOR WHICH	OPERATION	20 A. AUTOPSY? (Yos o	No. 208, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
OR CON	CIDENT WAS UNDERLYING TRIBUTINO CAUSE OF	218 PLACE home, form, etc.)	OF INJURY (e.g., in factory, street, of	or about 21 C. WHERE DIT	(If in Beltimer	re City, give exact location)
OF INJU	RY	(Heuri 21E INJUR While At D	Not While		INJURY OCCUR?	
	rtify that (1) (this hospital	A	greed from	27/ 772 ond		nion death accurred on the date
23A. SIO1	Edwin 1	ded abave. W (We)	AHO DEGREE Phys	nding Med.	Stoff Phys.	23R DATE SIGNED S Y 7 2 P 10 10 10 10 10 10 10 10 10
S.	Edwin Muller, M		DEGREE CEMETERY OF CRE	1/20 ST	Jack S/	TOULINDE
REMOV	AL (Specify)			- H		into south of contribit (21016)
25A, DATE	ial 5/8/72	Parkw 25 Mars of Med		25C. FUNERAL DIREC		ADDRESS
VS 150-REV.	1/1/68	1 3		Leongrd J	oruck Inc.	Balto, Md.

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3/8/1990 82

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william F. Foetwein . Lete dinkie

215-1 -0800 Eurože iberwelm same

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	1	. 1		BALTIMORE CITY	HEALTH DEPARTMENT		
BI	T-24		04368	CERTIFICA	TE OF DEATH	REG. NO	72 04369
	NAME OF DEC	GIOVANNI	FASOL	A	2. DATE	AND HOUR OF DEATH	3-72 1 6 Am
3,	PLACE IN BAI	LTIMORE MARYLAND, W	HERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (W	There deceased lived. II in	stitution: residence before admission)
FL	JLL NAME OF OSPITAL OR ISTITUTION	IIF NOT IN HOSPIT	AL OR INSTIT	UTION, GIVE STREET	MARY LAND	200000000000000000000000000000000000000	2744
	CE	RIFICA	TE A	MENDE	D Baltimore	D. INSI	DE CITY LIMITS?
1	Autou	MEMORIAL HO	SPITAL	5-31-72	E. STREET AND NUMBER		TES EV NO
5.	SEX	6. RACE	7. 44.6 ppers	Talmien manning (*)	B. DATE OF BIRTH	9. AGE (In years	1 // 11 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1
	MALE	WHITE	* MARRIED WIDOWED	NEVER MARRIED NEVER DIVORCED	9/29/81	last birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
dos	A USUAL OCC ne during most of	UPATION (Give kind of work working life, even if refired)	10B, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE Stote or f	oreign country)	12. CITIZEN OF WHAT COUNTRY
	Seaman				1TALY		USA
13.	FATHER'S NA	ME			14. MOTHER'S MAIDEN N	IAME	
	1	TUKMOWN				DUKKARA	
15.	Was Deceased	Ever in U. S. Armed For	ces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
	Yes	WW I	s of services	720-09-9830	Mr. Alexander	Bandoni	Same
	18. 5	8 7 XI		CAUSE OF DEAT	н		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEA	SE OR CONDITION DIS LEADING TO DEATH	RECTLY			Cu C . C . C	
	(This proper a		dylng, e.g.,	(A) IMMEDIATE CAL		THELECTASIS	
	heart Church	physical control of the physic	tho the case	- DUE IC, OK AS	A CONSEQUENCE OF:	+ BUERWOULL	15
		ANTECEDENT CAUSES	Adams 3	COA	CAUSE IPPS		
		AS CONOMICAL SERIES	Class	(B) FRAS	A CONSEQUENCE OF:	HIP	************
	rise to the	dbove cause (A) G CONDITION last.	sloting the	(c)	A CONSEQUENCE OF		
		11					
CERTIFICATION	TO THE DEAT	ECANT CONDITIONS COI TH BUT NOT RELATED TO THE CONDITION GIVEN IN PART	IE TERMINAL	************		******************	***************************************
FIC		OPERATION 198 CON	DITION FOR V	VHICH OPERATION	20A. AUTOPSY? (Yes or		INDINGS CONSIDERED
RTI	1 4/2	UITL AVS	TIN ME	TRE PROSTHEST	s No	IN CERTIFYING CAL	JSES OF DEATH?
	OR CONTRIBL	TING CAUSE OF	21 B.	PLACE OF INJURY (e.g., in	or about 21 C. WHERE DID	(i) In Boltimore	City, give exact location)
MEDICAL	DEATH Inotify	medicol exominei	etc.)	Mane	and the same of		ENVE 27-44
EDI	OF INJURY	(Month) (Doy) (Year)	(Hour) 21E	INJURY OCCURRED	21F. HOW DID II	NJURY OCCUR	
2	(APPROX)	4/1/72	Whi	le At Not While At Work	E LETT DATE	WY AT HOME	
	22. I certify	that (1) (this hospital) attended th	ne deceased from	4/2/72		19.72
	that (I) (we)	last saw the decease	d alive on	5/3	19 7L ond	that In (my) (our) opin	nion death accurred on the date
	and have and	from the causes stat	ed abave. (1)	(We) (did) (did nat) v	lew the bady after death	10	
	23A. SIGNATU		1				23 B. DATE SIGNED
		1. Almein		DEGREE Phys	nding Med. Director	Stoff Phys.	5/3/72
	23C. PHYSICIA NAME (T	N'S			23D. ADDRESS		
			HOMIZ	e en ree	UNZEN	MEMORIAL	HOSPETAL
24/	BURIAL CRE	MATION, 1248, DATE		ME OF CEMETERY OF CRE			y, town, or county) (State)
	Buria		Gard	dens of Faith	Cemeterv	Baltimore Ma	amel and
254	. DATE REC'D		25B. NAME O		25C. FUNERAL DIRECTO	DR	ADDRESS
145	MAY 8	- 1972 Rein	28.2	2000	Leonard J. R	uck Inc. 5305	Harford Rd. 21214
V5	150-REV. 1/1/0	08 110 2	0 5 5				

5-31-1972 - Letter from The Union Memorial Hospital, Balto., Md.

Theresa M. Winter, RRA

Director, Medical Records

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C STROKE

American representation (Forter)-0

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. NAME OF DECE	JAMES RENS	SHAW		2. DATE Known C	Month D)oy	Yeor Hour
. PLACE IN BALTI ULL NAME OF IOSPITAL	MORE, MARYLAND, V	AL OR INSTITU	NOUNCED DEAD UTION, GIVE STREET	3. DATE PRONOUNCED DEAD	May 3, 1	.972	Yeor Hour 948 A.M.
RINSTITUTION	NS HOPKINS H		L	5. USUAL RESIDENCE (Where of A. STATE Maryland		institution: re	esidence before odmission)
. sex Male	7.RACE White	B. MARRIED	D NEVER MARRIED D DIVORCED	c. city or town Baltimore	D. IN	VES	
Feb 15 19	10. AGE (lost birthdo	In years If Mo	Under 1 Yr. If Under 24 Hrs. onths; Doys; Hours; Min.	E. STREET AND NUMBER 1846 N. Gay Str	reet		
Queens An	nes: Co Mary	hre	CITIZEN OF WHAT COUNTRY? U.S.A. DE RUSINESS OR INDUSTRY	Charles Re	enshew		
Press	orking life, even if retired)		thing	Eva Bramb			
. WAS DECEASE	D EVER IN U.S. ARME	D FORCES?	17. SOCIAL SECURITY NO.	18. INFORMANT		ADD	PRESS
Yes	World War	11	218-09-6550 CAUSE OF DEA	Edna May 1821 E	Lombard	Stree	t 21231
(This does no heart failure, injury or comp	OR CONDITION DIRE EADING TO DEATH I meon the mode of d osthenio, etc. It meons th olicotion which coused de TECEDENT CAUSES P. CONDITIONS IS AN	ying, e.g., e diseose, e oth.)	(B)	AS A CONSEQUENCE OF:			
(This does no heart failure, injury or complete and the c	EADING TO DEATH I mean the mode of dosthenio, etc. It means th oblication which coused de TECEDENT CAUSES R CONDITIONS, IF AN ABOVE CAUSE (A) STA G CONDITION LAST. II FICANT CONDITIONS C TH BUT NOT RELATED TO	ying, e.g., e disease, roth.) IY, GIVING ATING THE CONTRIBUTIN D THE TERMIN PART 1 (A)	(A) IMMEDIATE C DUE TO, OR A (B)	AS A CONSEQUENCE OF:			21. AUTOPSY? (Yes or No)
(This does no heart failure, injury or complete the complete to the UNDERLYING OTHER SIGNIT TO THE DEAD DISEASE OR COMPLETE TO THE DISEASE OR COMPLETE TO T	EADING TO DEATH I meon the mode of dosthenio, etc. It meons the Dilicotion which coused de TECEDENT CAUSES R CONDITIONS, IF AN ABOVE CAUSE (A) STA G CONDITION LAST. II FICANT CONDITIONS CONDITIONS OF THE BUT NOT RELATED TO CONDITION GIVEN IN FOREATION (20B. CO	ying, e.g., e disease, roth.) IY, GIVING ATING THE CONTRIBUTIN D THE TERMIN PART 1 (A) INDITION FO	(A) IMMEDIATE COUNTY (B)	AS A CONSEQUENCE OF: AS PERFORMED In or obout 22C. WHERE DID (II	in Boltimore City,	2	yes
(This does no heart failure, injury or complete the complete to the UNDERLYING UNDERLYING UNDERLYING UNDERLYING UNDERLYING UNDERLYING UNDERLYING UNDERLYING CAPROX.)	EADING TO DEATH I meon the mode of disthenio, etc. It meons the lost of most of the course of the c	ying, e.g., e disease, roth.) IY, GIVING ATING THE CONTRIBUTIND THE TERMINAPART 1 (A). PODITION FO	(A) IMMEDIATE COURTED (B) DUE TO, OR (C) DUE TO, OR (C) DUE TO, OR (C) DUE TO, OR (C) DUE TO, OR (D) DUE TO, OR (E) DUE TO, OR (D) DUE	AS A CONSEQUENCE OF: AS PERFORMED		2	yes
(This does no heart foilure, injury or complete the control of the	TECEDENT CAUSES R CONDITIONS, IF AN ABOVE CAUSE (A) STA G CONDITIONS OF THE BUT NOT RELATED TO CONDITION 2018. CO FICANT CONDITIONS CONDITIONS OF THE BUT NOT RELATED TO CONDITION (1) 2018. CO THE BUT NOT RELATED TO CONDITION (2018. CO) THE CAUSE WAS CONTRIB- SE OF DEATH. Month) (Doy) (Year The state of the stat	ying, e.g., e disease, roth.) IY, GIVING ATING THE CONTRIBUTIND THE TERMIN) PART 1 (A). NDITION FO (Hour) m.	(A) IMMEDIATE COUNTY OF A COUN	AS A CONSEQUENCE OF: AS A CONSEQUENCE OF: AS PERFORMED In or obout 22C. WHERE DID (II NJURY OCCUR? 22F. HOW DID INJURY ORK tapsy and that on thi Hamicide U CHIEF MEDICAL EX	URY OCCUR? is basis, death Indetermined m KAMINER KAMINER	, give exoct	yes focation) DATE SIGNED
(This does no heart failure, injury or complete the control of the	TECEDENT CAUSES R CONDITIONS, IF AN ABOVE CAUSE (A) STAGE CONDITIONS OF AN ABOVE CAUSE (A) STAGE CONDITION OF AN ABOVE CAUSE (A) STAGE CONTRIBUTION (Doy) (Year A) The ABOVE CAUSE (A) THE ABOVE CAUSE (A) AN ABOV	ying, e.g., e disease, north.) IY, GIVING ATING THE CONTRIBUTING THE TERMINAPART 1 (A). PORDITION FO Inquiry USES N. Kor	(A) IMMEDIATE COURT OF AUTOMOTION WAS PLACE OF INJURY (e.g., me, form, foctory, street, offic WHILE AT AT W	AS A CONSEQUENCE OF: AS A CONSEQUENCE OF: AS PERFORMED In or obout 22C. WHERE DID (II oblidg., etc.) INJURY OCCUR? 22F. HOW DID INJURY OCCUR? ASSISTANT MEDICAL EXASSOCIATE MEDICAL E	URY OCCUR? is basis, death Indetermined m KAMINER KAMINER KAMINER KAMINER	, give exoct	yes focation) DATE SIGNED 5/4/72

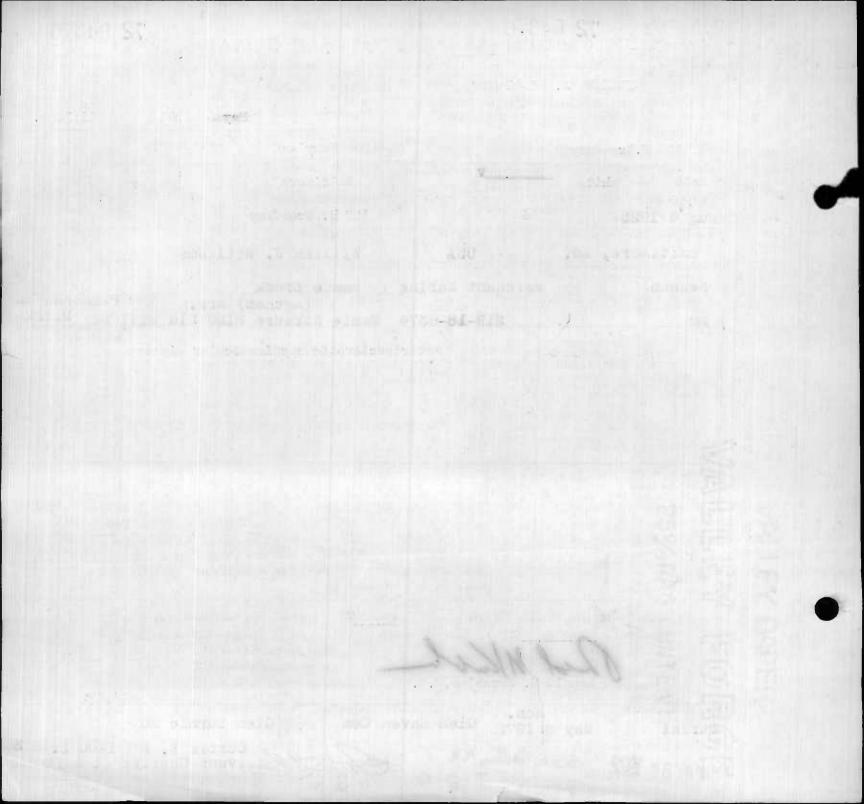
5-15-1972 - Completion of cause of death on a pending medical examiner death certificate.

Ronald N. Kornblum, M.D.

HRS

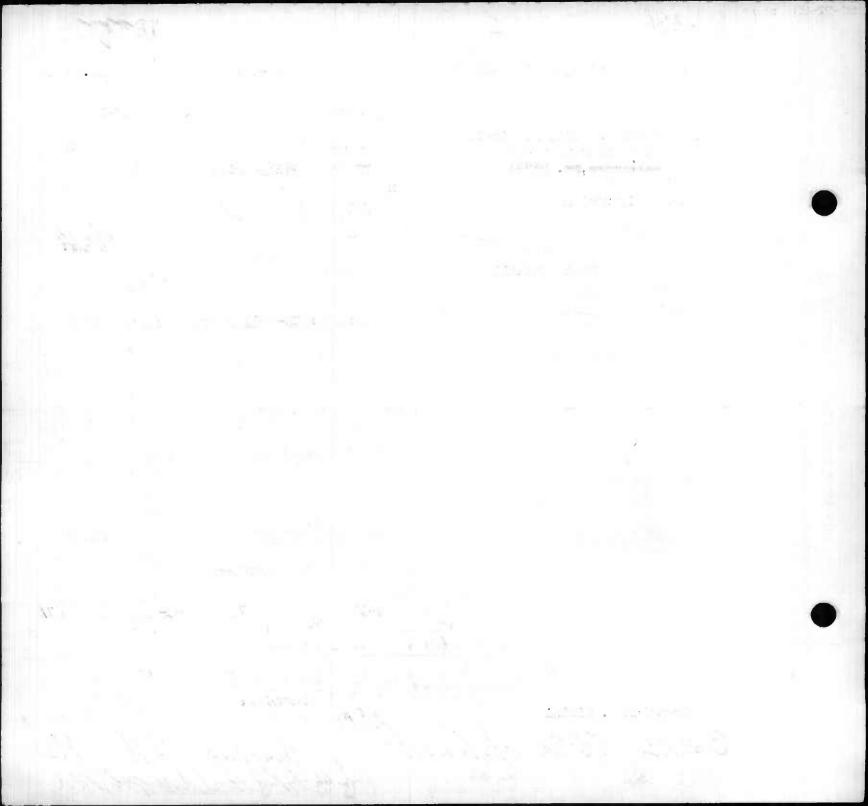
BIPPEL BROK INTE ROO E LECYBRICAS

Ronald N. Kornblum, M.D. **EXAMINER'S** ASSOCIATE MEDICAL EXAMINER NAME (Type) 24B. DATE Mon. 24A. BURIAL CREMATION. 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) (Stote) REMOVAL (Specify)
Burial Glen Haven Cem Glen Burnie Md May 8 1972 268. NAME OF REGISTRAR FUNERAL DIRECTOR Curtis E. ADDRESS 1400 S. 2120 25A. DATE REC'D BY HEALTH DEPT. Evans Charles St Balto Md VS 151-REV. 1/1/68



K	3-324	une arun Bro	4371		HEALTH DEPARTMEN	1	No 72	04371
811	TH NO. 54	ATCHELL . L	TODA A	PARIERIFICA	TE OF DEAT	H / KEO.	110,	
	Pe or Print)	Linda Ma	aria Cat	chell		-3-1972	DEATH	, 11.52 A
3	PLACE IN BAL	TIMORE MARYLAND, W						residence belore odmission)
"	TENCE IN SAL	MARILAND, W	FREE PRONO	UNCED DEAD	A. STATE B.	COUNTY	red. Il institution:	residence belore odmission)
FU	ILL NAME OF	(IF NOT IN HOSPIT	AL OR INSTITU	UTION, GIVE STREET	Maryland		Anne Aru	ndel > //
IN	STITUTION	ltimore City			C, CITY OR TOWN		D. INSIDE CITY	
-		40 Eastern A			Annapolis E. STREET AND NUMB	ED	YES _	NO
Name		ltimore, Md.			79 Summer 71		21403	
5.	SEX	6. RACE	7. MARRIED	NEVER MARRIED X	8. DATE OF BIRTH	9. AGE (In ye	ors If Und	er 1 Yr. If Under 24 Hrs.
11	emale	Caucasian	WIDOWED	DIVORCED	8-18-18	last birthday)	Months	Doys Hours Min.
10/	USUAL OCCU	JPATION (Give kind of world	10B. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote o	r foreign Countryl	12, CI1	TIZEN OF WHAT COUNTRY
Gor	ie during most of V	working life, even if retired?	_		Maryland			454
13.	FATHER'S NAM	AE			14. MOTHER'S MAIDEN	NAME	,	(-,//
		Kent S	atchell		Linda	1	hoppon	A
15.	Was Deceased	Ever in U. S. Armed For	ces?	1 6. SOCIAL	17. INFORMANT		UBBHR	ADDRESS
(Ye	s.no or unknown)	(If yes, give wor or date	s of service)	SECURITY NO.				ADDRESS
-	18. 0			CAUSE OF THE	Records: BCH-	4940 East	ern Avenu	
ll	1.01	6 . 0		CAUSE OF DEATH				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		E OR CONDITION DI	RECTLY		Carpin-1	effically ,	011. 7	
	(This does no	al mean the mode of	dying, e.g.,	(A) IMMEDIATE CAU	SE A CONSEQUENCE OF:	quealory,	e vece	
	injury at cam	asthenia, etc. It means plication which caused	the disease, death.)	Perica	0 10 Y 10	eural effec	eren right	
	A	NTECEDENT CAUSES		Perill.	- I valacles	c = 00 - co = 1	I E	
	DISEASES O	R CONDITIONS, II	ony, giving	(B) DUE TO, OR AS	A CONSEQUENCE OF:	1.7 Klad	Car Ar	***************************************
	rise to the	obove cause (A)	sloting the	Ileus,	recordery &	hypolal	Peners.	
	UNDEKLING			(c) Clearly	* heretyt	a sea	Comment.	
Z	OTHER SIGNIE	II CANT CONDITIONS CO	NTPIRITING		1			
Ĕ	TO THE DEATH	BUT NOT RELATED TO TO	HE TERMINAL	**************				
ERTIFICATION	19A DATE OF	OPERATION 198 CON	DITION FOR W	HICH OPERATION	20A. AUTOPSY? (Yes	or Nol 208, IF YES,	WERE FINDING	CONSIDERED
ERT	0				NO		NG CAUSES OF	DEATH?
	OR CONTRIBU	T WAS UNDERLYING TING CAUSE OF	home	PLACE OF INJURY (e.g., in e, farm, foctory, street, old			Boltimore City, gi	ve exoct location)
CAL	Lanca de la Carte	medical examined	etcJ					
MEDIC	OF INJURY	(Manthl (Doy) (Yearl		INJURY OCCURRED	21F. HOW DIE	INJURY OCCUR?		
<	[APPROX.)		Whi	le At Work Not White				
	22. I certify	that (1) (this hospital) attended th		4-12	19 72 to	5-3-	19 72
	1	last saw the decease		May 3				oth accurred an the dote
	and hour ond	from the couses stat	ed abave. (I)	(We) (did) (did nat) vi	law the hady after da	-aL	or, oprinant acc	an accorded all line cole
	23A. SIGNATUR	RE /	0	(the faile fail fail fail	lew the body offer de	TITIO	23B. DA	TE SIGNED
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C	REMOVAL IS	5-6-7	2 /	LLCREST	MATORY 24	NINDIDALIS	City, town.	or jounty) (State)
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BALTIMORE CITY HEALTH DEPARTMENT REG. NO. CERTIFICATE OF DEATH MIRTH NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Typo or Print) FLETCHER 5 4. USUAL RESIDENCE (Where doceosed lived, If institution; lesidonce before A, STATE B. COUNTY 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD MARKAND HAR FORD (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) FULL NAME OF HOSPITAL OR D. INSIDE CITY LIMITS? NO YES MEMORIAL E. STREET AND NUMBER STREET JERRYS BOX 142 NMA 21154 5. SEX 6. RACE B. DATE OF BIRTH 9. AGE (In yours tf Under 1 Yr. If Under 24 Hrs. MARRIED NEVER MARRIED lost birthdoy Hours WIDOWED X DIVORCED IDA, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) A. 115 MARVLAND Home Housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME SCHAEFFER ELLS WORTH MIFMILLER 15. Was Deceased Ever in U. S. Armed Forces? 142 Jerrys Road (Yes, no or unknown) (If yos, give wer or dates of service) SECURITY NO. 216-52-7303 No Fletcher Street Irvin 1B. BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY (A) IMMEDIATE CAUSE CEREBRO VASCULAR ACCIDENT LEADING TO DEATH (This does not meon the made of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF heart failure, asthenia, etc. It means the disease, injury or camplication which caused death,) ANTECEDENT CAUSES ARTERIO SCLEROTIC DUE TO, OR AS A CONSEQUENCE OF: CARDIO UASCUCAD TO SEASE DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last. CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING PNED MONIA TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? No 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, factory, street, office btdg., INJURY OCCUR? (If in Boltimore City, give exact location) MEDICAL DEATH (notify medical examinar) otc.) (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY Not White While At (APPROX.) At Work Work 22. I certify that (1) (this hospital) attended the deceased from that (i) (we) lost sow the deceased alive on. .19 and that in(my) (our) opinion death occurred on the date and haur ond from the causes stoted obave. (1) (We) (did) (did not) view the body ofter deoth. 23A. SIGNATURE 238, DATE SIGNED Attending [Staff Phys. Director 23D. ADDRESS 23C. PHYSICIAN'S NAME (Type) 24A. BURIAL CREMATION, 248, DATE 24C. NAME of CEMETERY OF CREMATORY 24D, LOCATION (City, town, or county) REMOVAL (Specify Harford . Kurtz Jarrettsville Md. VS 150-REV. 1/1/6B

GECTEVOL PETCHER - Ed later a tex N. 44 N. 44 M. ELLS WILLIAM WHILE WILLESS WITH TOWNS OFFICE Edit . htt | deepate | majations . t aliver fort- 12-345 | 13 feet CERTAIN CHECUMAT MEMBER AND WORLD Level Comments RAMEN DOC BUSTON POPER HONDER HE PER ME HE POPER THE STELL STELLING . No. of the Park Land Contract to NELLEGISCON DE LA LIGITATION DE LES PARTIES DE LES

BALTIMORE CITY HEALTH DEPARTMENT 72 04373 CERTIFICATE OF DEATH REG. NO. death (5) Deceased Such I. NAME OF DECEASED 2. OATE AND HOUR OF DEATH (Type or Print) LO hospital death. 3. PLACE IN BALTIMORE, MARYLAND. 4. USUAL RESIDENCE (Where deceased lived, if institution; rasidence attendance cause FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) etermined cause; 0 C. CITY OR TOWN D. INSIDE CITY LIMITS prior contributing is made in regular 9. AGE (in years tast birthday) deceased WIDOWED DIVORCED 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY isposition done during most of working life, even it retired) Dud LONGSHOR Was 4. MOTHER'S MAIDEN NAME 4 William C. Hawthorne, Sr assistant death Sadie ПО 0 15. Was Occased Ever in U. S. Armed Forces? (Yes, no or unknown) Illy yes, give war or dotes of sorvice) kind; 6. SOCIAL 17. INFORMANT or final SECURITY NO. attendance 250-50-5228 Mrs. Sheila Hawthorne 4645B Manordene Rd. any pronounced 18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY embalmed of LEADING TO DEATH (A) IMMEDIATE CAUSE fracture 1This does not mean the made at dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: heart loilure, asthenio, etc. It means the disease, the chief medical examiner xaminer. regular injury ar complication which coused death.) ANTECEDENT CAUSES who are DISEASES OR CONDITIONS, it any, giving rise to the obove cause (A) stoling the physician UNDERLYING CONDITION last the remains to the hospital by a medical burns; physician was П CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). Body 19A-DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 208 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED before 21A ACCIOENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examinat) An accident of any nature; (2) where 218 PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID home, form, foctory, street, office bidg., INJURY OCCUR? (If In Boltimore City, give exact location) MEDICAL 2 Z approved by obtained 21 D. TIME OF INJURY (Month) (Ooy) (Your) 9 (Houd) 21E INJURY OCCURRED 21 F. HOW OID INJURY OCCUR? (except Not White While At (APPROX) and Work At Work 22. I certify that (I) (this hospital) attended the deceased fram that (I) (we) last sow the deceased office on ond that In(my) (our) opinion death occurred an the date hospital death) and haur and from the causes stated above. (1) (16) (did not) view the bady after death. the body was released must 23A. SIGNATURE Attending [0 approval Phys. ū DEGREE 23C. PHYSICIAN'S prior 23D. AODRESS 40 NAME (Type) was D.O.A. shows: (1) 24A. BURIAL CREMATION, 24B, DATE eceased 24C. NAME of CEMETERY OF CREMATORY REMOVAL (Specily) Burial 5/8 25A. DATE RECO BY HEALTH DEPT. Auburn Cemetery Baltimore. 25GENERAL OFRECTOR

YES P

If Under 1 Yr. Months! Doys

NO

Hours

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

12. CITIZEN OF WHAT COUNTRY?

ADDRESS

or county

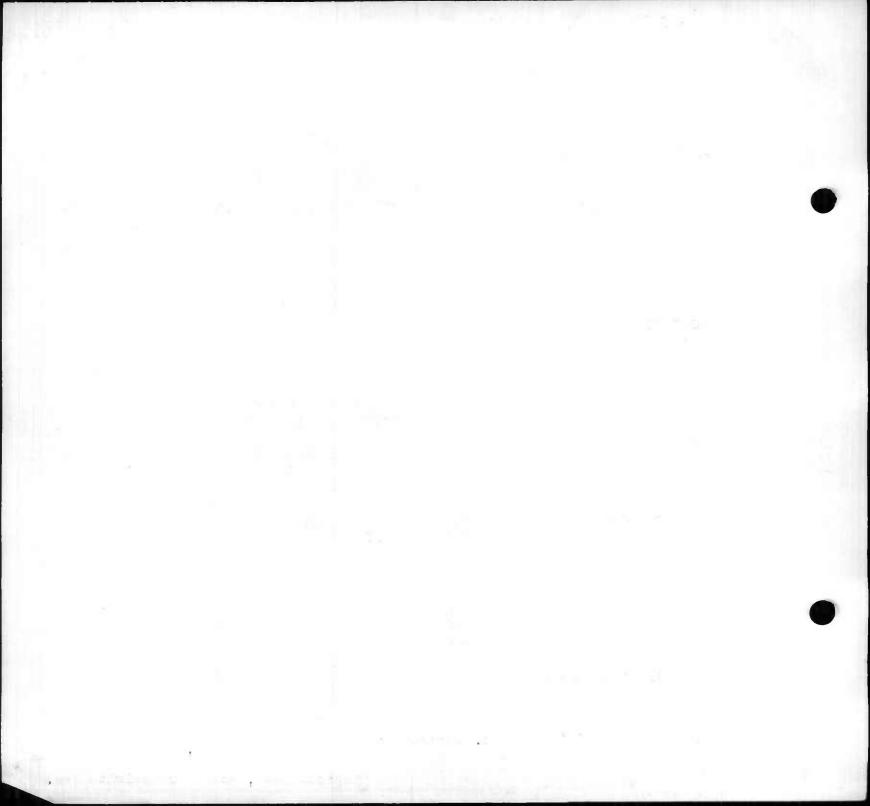
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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final dispession is made.	
This certificate must be approved by the chief	the body was released to the hospital by a s shows: (1) An accident of any nature;:(2) Body	was D.O.A. at a hospital (except where the	deceased prior to death); and (6) No physici written approval must be obtained before the	

J-250 72 043	BALTIMORE CITY	HEALTH DEPARTMENT		20 04024
BIRTH NO.	CERTIFICA	TE OF DEATH	REG. NO.	72 04374
1. NAME OF DECEASED		2. DATE	AND HOUR OF DEATH	
(Type or Print) Bertha Jackse		4-2	9-72	1155 AM
3. PLACE IN BALTIMORE, MARYLAND, WHERE P.	RONO UN CED DEAD	4. USUAL RESIDENCE (WI	here deceased lived. If institu	tion: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR	INSTITUTION, GIVE STREET	md.) 562
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)	The state of the s	C. CITY OR TOWN	D. INSIDE	CITY LIMITS?
60 , 1 -1	,	Belto.		S NO NO
Lutherau Asspital	ymd.	E. STREET AND NUMBER		
	<u></u>	295-4 Cherr	yland Rea	4
	RIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years 55 M	Under 1 Yr. If Under 24 Hrs. onths Days Hours Min.
	WED DIVORCED	9-15-16	56	
IDA. USUAL OCCUPATION (Give kind of work 108, KINdone during most of working life, even if retired)	OF BUSINESS OR INDUSTRE	11. BIRTHPLACE (Stote or fo	reign country)	2. CITIZEN OF WHAT COUNTRY?
				USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN N.	AME	900
15. Was Deceased Ever in U. S. Armed Forces?	16. SOCIAL	17. INFORMANT		ADDRESS
(Yes.no of unknown) (If yes, give wor or doles of ser	vice) SECURITY NO.	Chart		
118, 7 77 7 9	CAUCE OF FEE			
57/17	CAUSE OF DEAT	11 1 1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		Hepati Co.	ma	
(This does not mean the mode of dying,	e.g., (A) IMMEDIATE CAL	A CONSEQUENCE OF:	***************************************	
heart laiture, asthenia, etc. It means the dis injury or camplication which caused death.)	ease,		•	
ANTECEDENT CAUSES		Liner Cur	le sis	
DISEASES OR CONDITIONS, if any,	(B)	A CONSEQUENCE OF:	***************************************	
rise to the obove cause (A) stating	the			
UNDERLYING CONDITION IOSL	(C)	**********************		
O OTHER SIGNIFICANT CONDITIONS CONTRIBUT	7110			
F 10 THE DEATH BUT NOT RELATED TO THE TERMI	NAL			
O 194. DATE OF OPERATION 198. CONDITION	FOR WHICH OPERATION	20A. AUTOPST? (Yes or h	o 208 IF YES WERE FINE	INGS CONSIDERED
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U 21A. ACCIDENT WAS UNDERLTING	218. PLACE OF INJURY (e.g., i	n or about 21 C. WHERE DID	(II In Baltimore Ci	ly, give exact location)
OR CONTRIBUTINO CAUSE OF DEATH (notify medical examined	hame, form, factory, street, at	fice bidg. INJURY OCCUR?		
0	21 E INJURY OCCURRED	21F. HOW DID IN	IIIIN OCCIIP	
OF INJURY (APPROX.) 21D. TIME (Manth) (Doy) (Teor) (Hour)	While At Not While		TONI VEGOR	
	WOIR - AT WOIR			
22. I certify that (1) (this hospital) attend	/ 00	4.12	19 72 to 4	- 27 19 72
that (I) (we) last saw the deceased alive		19191919	hat in (my) (aur) apinlar	death accurred on the date
and have and from the causes stated abo	ve. (1) (We) (did) (did not) v	lew the bady after death.		
23A. SIGNATURE	4		(/ /	, DATE SIGNED
L.M. VICTORIA	OEGREE Phys	nding Med. Director	Phys. Dryun	4-29-72
23C. PHTSI CIAN'S NAME (Type)		23D. ADDRESS		1
IM Victory	M.D.	730 Ashburt	or st. Baldo.	Md. 2/2/6
REMOVAL (Speciful)	IC. NAME of CEMETERY of CRE	MATORT 24D.	LOCATION (City, to	own, or county) (Stote)
Burial 5/5/72	Mt. Auburn Cer	netery	altimore, Mar	
	ME OF REGISTRAR	25C. FUNERAL DIRECTO		ADDRESS
	Bey MOO)	Kenheth Law	1.6	Heights Ave.
VS 150-PEV 1/1/48	7 000	Treffic Mr Ha.	1 JOZZ - GIR	



(4) Undetermined cause; contributing occurred regular death Ξ 0 Was direct death kind; any pronounced (3) A fracture of who the physician

of death Deceased

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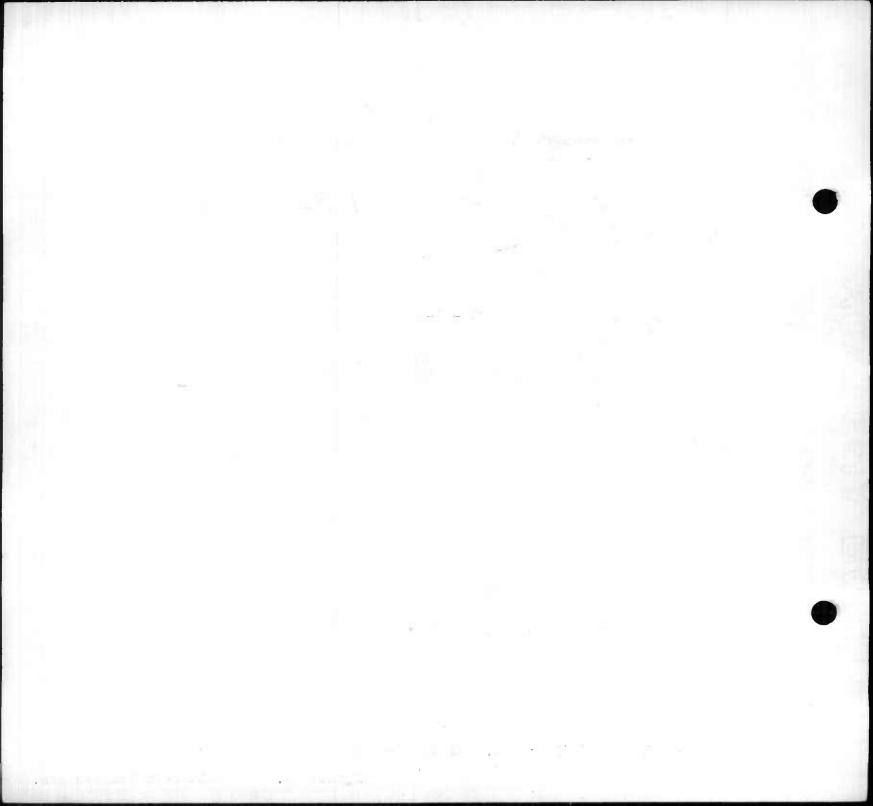
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) DHASON 050 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution residence B. COUNTY FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C. CITY OR LOWN D. INSIDE CITY LIMITS? 14120 YES 🔛 NO E. STREET AND NUMBER 1 40. turemor 5. SEX 6. RACE 7. MARRIED 9. AGE (In years II Under 1 Yr. Months: Doys NEVER MARRIED If Under 24 Hrs. Hours lost birthday DIVORCED 10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or lareign country) 12. CITIZEN OF WHAT COUNTRY? done during most all wasking life, even if retired) Maccie WA 13. FATHER'S NAME 15. Was Deceased Ever in U. S. Armed Forces?
(Yes, no or unknown) (If yes, give wor or dates of service) 6. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. 2-22-1960 18. / CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Oward (This does not meen the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: heart failure, asthenio, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, il any, giving rise to the obove couse (A) stoling the UNDERLYING CONDITION last. CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION | 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 208, IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bidg., INJURY OCCUR? (If In Boltimore City, give exact location) MEDICAL DEATH (notify medical examined) etc.) 21 D. TIME (Month) (Doyl |Year) Houd 21 E INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? Not While While At (APPROX.) Work 22. I certify that (1) (this haspital) attended the deceased from that (1) (we) last saw the deceased alive an and that in (my) (aur) apinian death accurred on the date and haur and fram the causes stated abave. (1) (We) (did) (did not) view the body after death. 23A. SIGNATURE 23 B. DATE SIGNED Attending Med. Phys. Director Phy s. 23 C. PHYSICIAN'S 23D. ADDRESS NAME ITypel 24A. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY OF CREMATORY REMOVAL (Specify) 24D. LOCATION (City, town, or county) /6/72 Arbutus Memorial Park Maryland 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR Kenneth H. Taw

4611 Park Heights Ave.



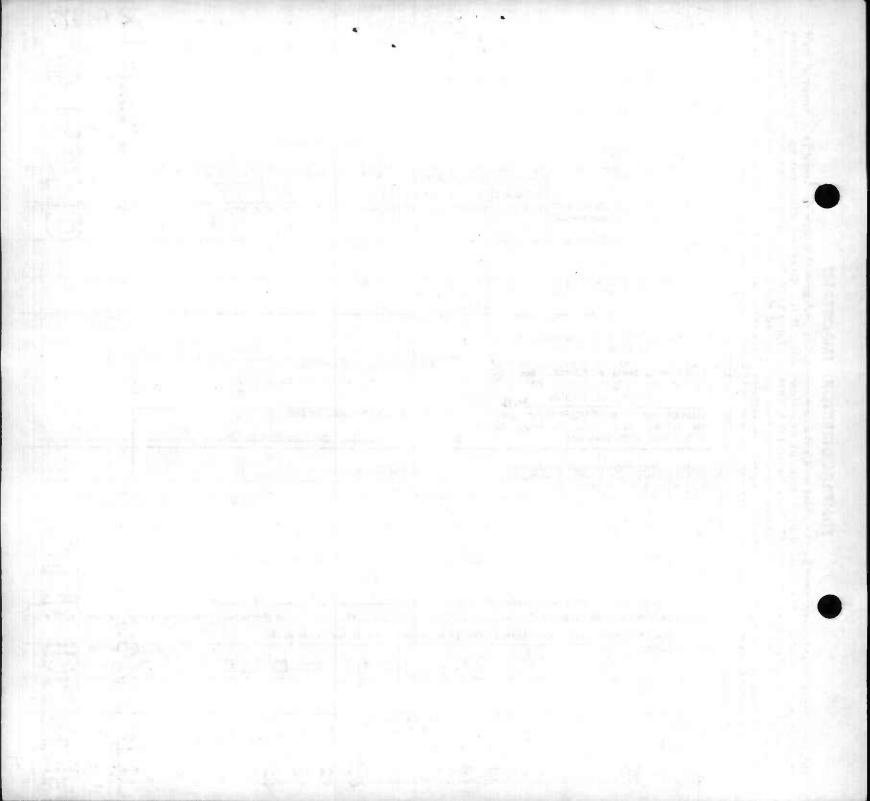
the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and FUNERAL DIRECTOR: IMPORTANT

A FILL BALTIMOR	RE CITY HEALTH DEPARTMENT 72 04376
C-5/6 72 04376 CERTIF	FICATE OF DEATH REG. NO. 12 USE 10
NAME OF DECEASED	2, DATE AND HOUR OF DEATH
Type or Printl Chambers, DAUIL	5-1-72 2:30 P
B. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREE ADDRESS OR LOCATION)	Baltimore, Maryland C.CITY OR TOWN D. INSIDE CITY LIMITS?
ST-AGNES HOSPITAL	Baltimore YES NO
CATON + WILKENS AVE - 21-	229 1/ Abinaton Ave.
SEX 6. RACE 7. MARRIED NEVER MARRIE	ED 8. DATE OF BIRTH 9. AGE (In years II Under 1 Yr. II Under 24 H Months Doys Hours Min.
DIVORCE OAL USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR IND	
one during most of working life, even if refired)	
DINABLED UET	Baltimore, Md. U.S.A.
3 FATHER'S NAME	14. MOTHER'S MAIDEN NAME
David Chambers	Mamie Harrison
S. Was Decessed Ever in U. S. Armed Ferces? 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
212-12-46	678 Mrs. Ethel Warsley 29 N. Abington Ave
18. Z TY / C/ 1 CAUSE OF	DEATH APROXIMATE INTERVAL
DISPASE OF CONDITION DISPASE	BETWEEN ONSET AND DEA
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Bleedy.
(A)IMMEDIA	ATECAUSE Desophagus varices hours.
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	OR AS A CONSEQUENCE OF:
injury or complication which caused death.)	
ANTECEDENT CAUSES	N 1 00 %
ANTECEDENT CAUSES	circhosis years.
	OR AS A CONSEQUENCE OF:
rise to the above cause (A) stating the	
UNDERLYING CONDITION lest (C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
E ITO THE DEATH BUT NOT RELATED TO THE TERMINAL	
DISEASE OR CONDITION GIVEN IN PART 1 (A).	1900 Autopara Von and Hall 2007 IV New Autopara Continues
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A AUTOPST? (Yes of No.) 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
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	heet office bidge INJURY OCCUR?
21D. TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCCURE	ED 216 HOW DID INJURY OCCUR?
OF INJURY	
(APPROX.) While At At	ot While
22. I certify that (I) (this hospital) attended the deceased from	
that (1) (we) last saw the deceased alive an	19_71 and that in(my) (aur) apinion death accurred an the d
and hour and fram the causes stated abave. (1) (We) (did) (did.	-met) view the body after death.
23A. SIGNATURE	23B. DATE SIGNED
7)m,0	Attending Med. Staff Phys. 5-7.37
OEGRE	
23C. PHYSICIAN'S NAME (Type) 7 7 M 10 (23D. ADDRESS
A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY	OEGREE OF CREMATORY 24D. LOCATION (City, town, or county) (State)
REMOVAL (Specily)	
Burial 5/4/72 Mt. Auburn	Cemetery Baltimore, Maryland
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25G. FUNERAL DIRECTOR // ADDRESS
A- 1 4 7 0 0	1 0 10 00 Al Alland 1 4/11 Pour He
THE WAR OF THE PERSON OF THE P	13 reguest stans 1. 1. 1811 1911 117
3 13U-KEV. 4/1/08	,-

FUNERAL DIRECTOR: IMPORTANT

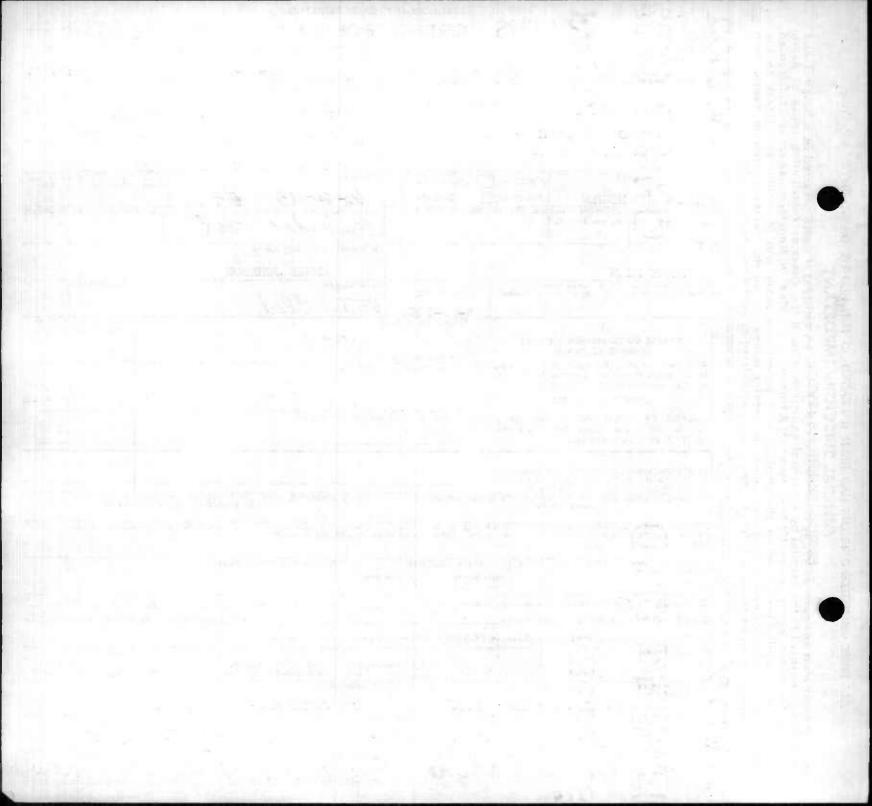
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BALTIMORE CITY	HEALTH DEPARTMENT
CERTIFICA	TE OF DEATH REG. NO. 72 04377
IType or Print) OHN IN, TAYLOR	2. DATE AND HOUR OF DEATH 5/5/73 455 AM
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	A. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION	MARYLAND D. INSIDE CITY HMITS?
BON SECOURS HOSPITAL	E. STREET AND NUMBER
34	4/5. StRICKER ST
5. SEX 6. RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 9. AGE (In years lift Under 1 Yr. If Under 24 His. Months Daye Hours Min.
IDA USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if refired)	magulani
	14. MOTHER'S MAIDEN NAME
Solar Taulal	C1-0
15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT ADDRESS
15. Wee December Ever in U. S Armed Forces? (Yes, no or unknown) Of yes, give war or dates of service) 212-18-5300	
CAUSE OF DEATH	from front sheet of chart
	BETWEEN QUSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A)IMMEDIATE CAUS	
	CONSEQUENCE OF:
injury of complication which caused death. I &	The condition of the care
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DISEASES ODAS CONSTITUTONS EXPANSIVE QUING DUE TO, OR AS	CONSEQUENCE OF:
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OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED WAS PERFORMED	20A. AUTOPSYS (Yes or No.) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
L) 21A, ACCIDENT/WAS (INDERLYING VIV	or about 21C, WHERE DID III In Rollimore City, give exact location
OR CONTRIBUTINO CAUSE OF home, form, foctory, enset, office of the contribution of the	re 4/5 Strocker & 7 2/223
OF INJURY OF INJURY White At The Not White	21F. HOW DID INJURY OCCUR
IAPPROXI 4 40 / Work At Work	Tell down at flows
22. I certify that (1) (this hospital) attended the deceased from	4-10 19/2 to 119/2
that (1) (we) last sow the deceased alive on	19 and that in(my) (our) opinion death occurred on the date
and haur and from the causes stated above. (We) (did) (did not) vi	lew the body after death.
23A. SIGNATURE	238, DATE SIGNED
Mun 7, Nongo Atter Phys.	nding Med. Stoff M J - /2
23G. PHYSICIAN'S NAME (Type) HUZN. T. WONG.	3D. ADDRESS & S. H.
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CRE	MAJORY 24D. LOCATION (City, town, or county) (State)
Burgal 5-8-72 the Parkword	Col 3310 taylor ave Balton Mac
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR / ADDRESS
MAY 8 - 1972 Valley & Janoby 488. 13	Charles Frans Hughes 1532 Holling El
V\$ 150-REV. 1/1/68	



VS 150-REV. 1/1/68

	F DECEASED	1		2, DATE AND H	OUR OF DEAT	H
ype or Pri	nt Jenki	ins Me	arie	05-06	5-72	10:37
PLACE	N BALTIMORE MARYL		NOUNCED DEAD	A. STATE B. COUNTY	ceased lived. If	institution: residence before admiss
ULL NAM	AE OF UF NOT IN	HOSPITAL OR INS	STITUTION, GIVE STREET	MARYLAND C. CITY OR TOWN	10 10	ISIDE CITY LIMITS?
סודטדווצא	HE JOHN S HOP	VINC BOCKT	-m a T	BALTIMORE	D. 114	YES X NO
No. of the last			INU	E. STREET AND NUMBER		153 10 1
23'	BALTIMORE, M	D 21205		1213 N. EDEN S	STREET	
SEX FEMAL	6. RACE LE NEGRO	7- MARRI WIDOW	ED NEVER MARRIED DIVORCED	8. DATE OF BIRTH 9. A	GE (In years birthday)	Il Under 1 Yr. If Under 24 Months Days Haurs Mi
gning eno	OCCUPATION (Give kir most of working life, even it		OF BUSINESS OR INDUSTI	RY 11. BIRTHPLACE (State of foreign of	nse.	12. CITIZEN OF WHAT COUN
3. FATHER				14 MOTHER'S MAIDEN NAME		
н	ENRY KIAH			ANNIE JOHNS	SON	
Wes De	coased Ever in U. S. A.	med Ferces?	16 SOCIAL	17. INFORMANT		ADDRESS
es, no of u	nknown) (If yes, give wo	r of dotes of service		Historia Polist		
18. /	/ / / / / /		218-03-3162 CAUSE OF DEA	Income Cent		APPROXIMATE INTERV
(This of heart (injury	DISEASE OR CONDIT LEADING TO does not mean the n failure, asthenia, etc. fi ar camplication which ANTECEDENT (SES OR CONDITION	DEATH node of dying, e t means the disec caused deathJ CAUSES	(B)	AUSE IS A CONSEQUENCE OF: OVINALLY DULKS AS A CONSEQUENCE OF:	w	Amediah
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(This cheen to injury DISEA rise UNDE	LEADING TO does not mean the n failure, asthenia, etc. fi or camplication which ANTECEDENT (SES OR CONDITION to the above cause RLYING CONDITION If SIGNIFICANT CONDITION E DEATH BUT NOT RELA	DEATH node of dying, a t means the disec caused death.] CAUSES (S, if any, giv se (A) stating last. DNS CONTRIBUTIN TED TO THE TERMIN	ing (b) DUE TO, OR A	ormany Occlus	w	Amudiah
(This cheen to injury DISEA rise UNDE	LEADING TO does not mean the m failure, asthemia, etc. It ar camplication which ANTECEDENT (SES OR CONDITION to five above caus RLYING CONDITION SIGNIFICANT CONDITION EDEATH BUT NOT RELA E OR CONDITION GIVE	DEATH node of dylng, a t means the disect caused death.] CAUSES IS, if any, giv se (A) stating last. DNS CONTRIBUTIN TO THE TERMIN N IN PART 1 (A).	ing (b) DUE TO, OR A	ormany Occlus		E FINDINGS CONSIDERED CAUSES OF DEATH?
OTHER TO THE DISEAS OR CO DEATH	LEADING TO does not mean the m failure, asthemia, etc. It ar camplication which ANTECEDENT (SES OR CONDITION to five above caus RLYING CONDITION SIGNIFICANT CONDITION EDEATH BUT NOT RELA E OR CONDITION GIVE	DEATH node of dying, a t means the disect caused death.] CAUSES IS, if any, giv to (A) stating last. CONTRIBUTING TO THE TERMIN N IN PART 1 (A). PS. CONDUTION FO VAS PERFORMED LYING OF	ing (B) DUE TO, OR A DUE TO, OR DUE TO, OR A	A CONSEQUENCE OF: OVERALLY DUCKS AS A CONSEQUENCE OF:	DR. IF YES, WER	E FINDINGS CONSIDERED CAUSES OF DEATH?
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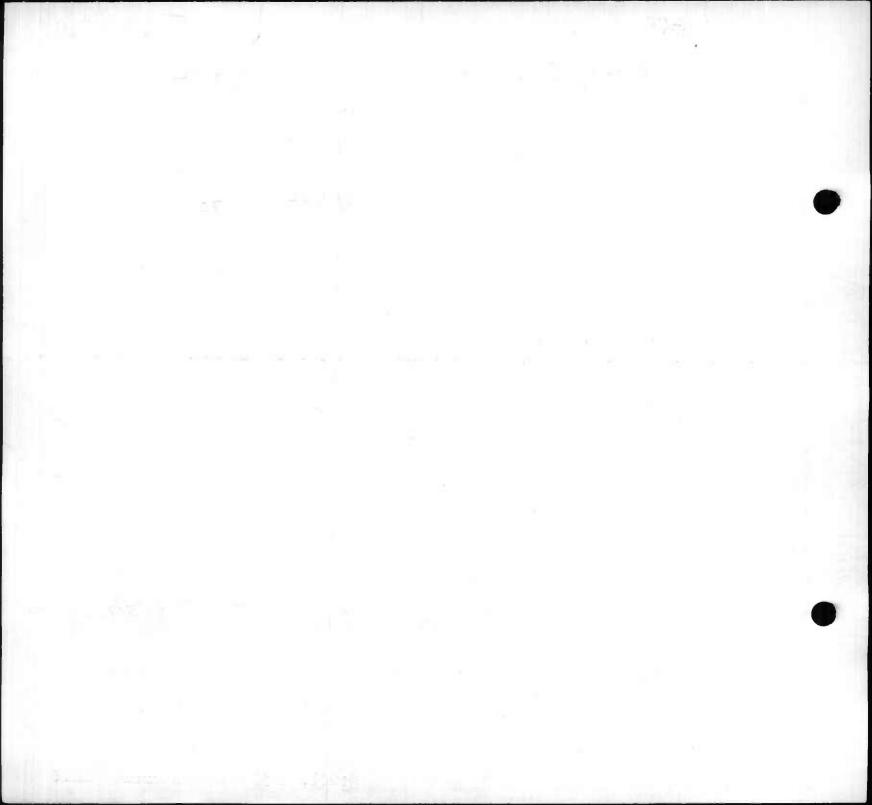
BALTIMORE CITY HEALTH DEPARTMENT 72 043	270
K-550 72 04379 CERTIFICATE OF DEATH REG. NO	113
1. NAME OF DECEASED (Type of Print) HERMAN A. KAMMANN 2. Date and Hour of Death May 5, 1972	1
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceosed lived, If institution; residence before a STATE B. COUNTY	ore odmi
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET Md. CITY OF TOWN IN INSTITUTION OF TOWN IN INSTITUTION OF TOWN	1
HOSPITAL OR ADDRESS OR LOCATIONI INSTITUTION Baltimore City Hospitals C.CITY OR TOWN Baltimore VESX NO	
4940 Eastern Ave. E. STREET AND NUMBER	
Balto., 21224, Md. 3405 Hudson St. # 21224.	
	Under 24
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WH.	AT COU
Retired Stand. Dil Co. Germany U.S.	A .
13. FATHER'S NAME	
Herman Kammann Anna Bette	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	
No 215 05-5157 Augusta M. Kammann Same.	
18.4/0,9 1 CAUSE OF DEATH	ATE INTER
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	0 + 51
(This does not meen the made of dying, e.g., (A) IMMEDIATE CAUSE 1) TWO () (This does not meen the made of dying, e.g.,	20
heori foilura, asthenio, etc. Il means the disease, injury or complication which coused death.)	
ANTECEDENT CAUSES (8) ASCUD	an.
DISEASES OR CONDITIONS, if any, giving (8) DUE TO, OR AS A CONSEQUENCE OF:	
rise Ia The above cause (A) stating the UNDERLYING CONDITION last. (C)	
Z CALLES CONTROLLA CONTROLLANC	
P TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
	ED
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDER IN CERTIFYING CAUSES OF DEATH? 21A. A CCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID (If In Boltimore City, give exect local)	
21A. A CCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examined) 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID (If In Boltimore City, give exact locations) (If In Boltim	rion)
21D. TIME (Month) (Doy) (Yeer) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	
At Work At Work While At Work At Work	
22. I certify that (I) (this hospital) attended the deceased from	19
that (I) (we) last saw the deceased alive on 10/19/ 19 70 and that In(my) (our) opinion death occurred	d on th
and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death. Pronounced dead at Ci	ity
23A. SIGNATURE 23B. DATE SIGNED Attending Med. Shoff	
OEGREE Phys. Director Phys. L	
23C. PHYSICIAN'S NAME (Type)	
ARTEMIO ARGIAGA GEGREE 3501 Fait Ave., Balto., 21224, Md	
24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C.NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county)	(2
Burial 5-9-72 Sacred Heart Cemetery 7401 German Hill Rd.B	
25A. DATE REC'D BY HEALTH DEPT. 25B HAME OF REGISTRAR 25C. JUNERAL DIRECTOR, 901 S. Conkling APORE APORE	"St
NY 8 - 150 REV. 1/1/68	

t - t - . t - 21505-5157 overed to the second community will be a second of the sec

FUNERAL DIRECTOR: IMPORTANT

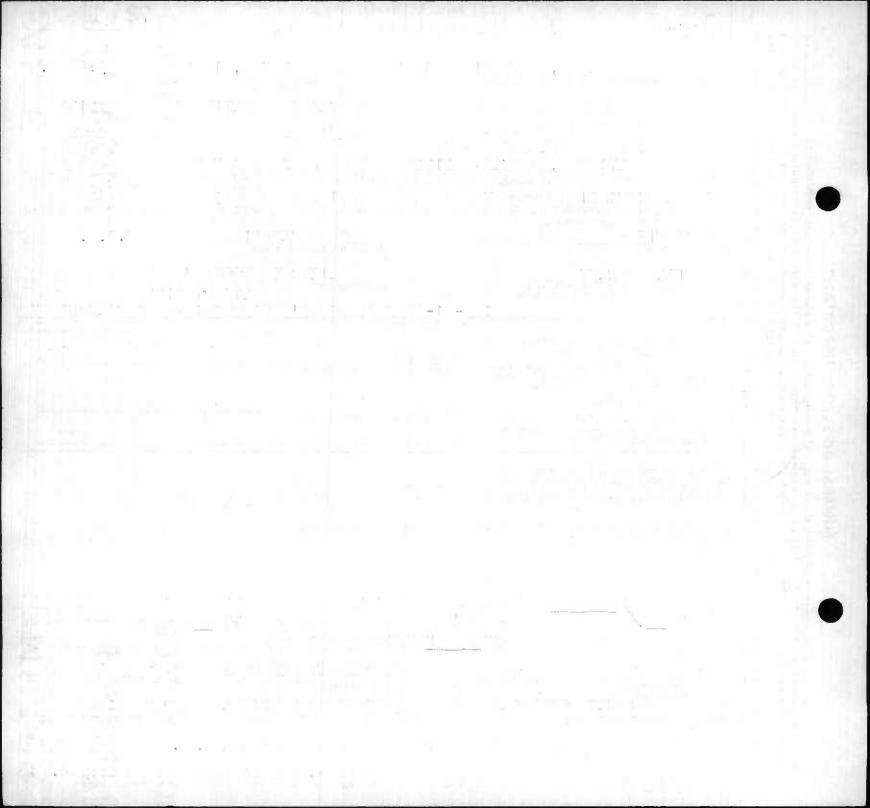
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

			HEALTH DEPARTMENT		PO 04280
	KIH.NO.	ERTIFICA	TE OF DEATH	REG. NO.	72 04380
	NAME OF DECEASED (pe or Print) A. U. T. O. +		2. DATE A	AND HOUR OF DEATH	
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED I	DEAD	4. USUAL RESIDENCE (WH	5/7/72	Stitution: residence before admission)
F	JLL NAME OF (IF NOT 1) HOSPITAL OF INSTITUTION OF		A. STATE B. COU	INTY	2 S. H.
	NIITIITION .		C. CITY OR TOWN	D. INSI	DE CITY LIMITS?
	38 Paltimore! Med Hoggio	M	E. STREET AND NUMBER		YES NO
				weston Kd	
	Male 6. RACE Wite NARRIED NEVE WIDOWED	DIVORCED	8. DATE OF BIRTH	9. AGE (In years lost birthdoy)	II Under 1 Yr. II Under 24 Hrs. Months Doys Hours Min.
do	A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINES	S OR INDUSTRY	11. BIRTHPLACE (Slote or los	reign country)	12. CITIZEN OF WHAT COUNTRY
					V.S.
13	Vincent Brocato		14. MOTHER'S MAIDEN NA	me Jeppi	
15. (Ye	Wos Deceosed Ever in U. S. Armed Forces? s,no or unknown) (III yes, give wor or dotes of service) SEC!	AL INDIAN MA	17. INFORMANT	, , , , , , , , , , , , , , , , , , , ,	ADDRESS
		- 14-1482			
	7 1 1 1 1 1 1 1 1 1 1 1	USE OF DEATH			APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		_ \	1 1	BETWEEN ONSET AND DEATH
	(This does not mean the made of dving an	DUE TO OR AS A	SE Clute res	nat Tailue	***************************************
	hearl failure, asthenia, etc. It means the disease, injury or camplication which caused death.!	5 6 1 0 1 0 K M3 F	CONSEQUENCE OF:		
	ANTECEDENT CAUSES		CHE		
	DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the	DUE TO, OR AS	A CONSEQUENCE OF:	*****************	************************
	TINDED VING CONDITION ! .	;)			
2	II II		. 0 1.	1	
ATIO	TO THE DEATH BUT NOT RELATED TO THE TERMINAL	Much o	instructive su	y drome	
FICA	DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH O	PERATION	20A. AUTOPSY? (Yes or N		INDINGS CONSIDERED
CERTIFIC	WAS PERFORMED			IN CERTIFYING CAU	ISES OF DEATH?
CAL	21A. ACCIDENT WAS UNDERLYING 21B. PLACE O OR CONTRIBUTING CAUSE OF DEATH (notily medical examined) 21B. PLACE O home, lorm, letc.)	F INJURY (e.g., in octory, street, olfi	or obout 21C. WHERE DID	(II in Boltimore	City, give exoct locotion)
MEDI	21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY	OCCURRED	21F. HOW DID IN	JURY OCCUR?	
<	(APPROX.) While AI Work	Not While At Work			
	22. I certify that (I) (this hospital) attended the decea	sed from	5/6	19 72_to	5/7 19 72
	that (I) (we) last saw the deceased alive an	5/7			Ian death accurred on the date
	and haur and from the causes stated above. (I) (We) (d	id) (dld nat) vi	ew the bady after death.		
	23A, SIGNATURE	\ \			23B, DATE SIGNED
	23C, PHYSICIAN'S	DEGREE Phys.	Director L	Shaff Phys.	5/7/72
	Nobert E. Grenspan M	DEGREE	829 Hollins	St. Balt.	, md. 7-1201
244	BURIAL CREMATION, 24B. DATE 24C. NAME of CI	METERY OF CREA			, town, or county) (Slote)
		of Faith		Baltimore, Ma	ryland
	MAY 8 - 1972 Vale & Sante of REGISTE		25C. FUNERAL DIRECTOR	Edmondson	Address Avenue 21228
VS	150-REV. 1/1/6B				



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such written approved must be obtained before the remains are embalmed or final disposition is made.

	7 1105	1.5.6	HEALTH DEPARTMENT		72 04381
BM	72 043	CERTIFICA	TE OF DEATH	REG. NO	
	Pe or Print)	ARINE AGNES	2. DATE /	Y 6. 1972	1 3:00 A . M.
3.	PLACE IN BALTIMORE MARYLAND, WHERE PRON		4. USUAL RESIDENCE (W	here deceased lived. If	institution: residence before admission
			A. STATE & COL		01000
H	ILL NAME OF (IF NOT IN HOSPITAL OR INS DISPITAL OR ADDRESS OR LOCATION)	TITUTION, GIVE STREET	MARYLAND C. CITY OR TOWN	BALTIMORE	SIDE CITY LIMITS?
117	ST AGNES HOSPIT	AL	BALTIMORE		YES NO X
	CATON & WILKENS	AVENUES	E. STREET AND NUMBER		
	BALTIMORE, MARY	LAND 21229	202C PREST	ON COURT	5 500
5.	SEX 6. RACE 7. MARRIE	D NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. It Under 24 Hrs. Months Days Haus Min.
	FEMALE CAUCASIAN WIDOW		04/16/99	73	
	USUAL OCCUPATION (Give kind of work 108, KIND of during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE State of fo	reign country)	12. CITIZEN OF WHAT COUNTRY?
11	HOUSEWIFE		PENNSYLV	ANIA	U.S.A.
	FATHER'S NAME		14 MOTHER'S MAIDEN N	AME	
	DANIEL CROWLEY		ELIZABET	W.C.O. (4) (9) (C.C. -	Flavin
14	Was Deceased Ever in U. S. Armed Ferces? s, no or unknown) (if yes, give war or dates of service	1 & SOCIAL	17. INFORMANT		21229 ADDRESS
1	The production less fixed and on some or service	199=01-4895	ST AGNES! R	ECORDS CAT	
1	18.//27/	CAUSE OF DEAT		LUUNUS CA	APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY	0000	630-15ADC.	clor acc	BETWEEN ONSET AND DEATH
	LEADING TO DEATH	(A) IMMEDIATE CAL		ace ace	4 days
	(This does not mean the mode of dying, e. heart failure, asthenia, etc. it means the disea	THE TO OP AC	A CONSEQUENCE OF:		8
	injury at camplication which caused death.)	0 11			
	ANTECEDENT CAUSES	100 ABETTE	envos cle	soses	
	DISEASES OR CONDITIONS, If any, givi	1130	A CONSEQUENCE OF:		
	rise to the above cause (A) stating to UNDERLYING CONDITION last.	(c)			
	15	(0)			
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTION				
AT	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).				
ERTIFIC	19A-DATE OF OPERATION 19B CONDITION FO	R WHICH OPERATION	NO	No. 208 IF YES, WERI	FINDINGS CONSIDERED AUSES OF DEATH?
CAL CE	OR CONTRIBUTING CAUSE OF	218. PLACE OF INJURY (e.g., inorme, form, factory, street, or	n of obout 21 C. WHERE DID	(If In Baltim	ore City, give exact location)
EDIC	The state of the s	TIE INJURY OCCURRED	21F. HOW DID II	THE OCCUPY	
MEC	OF INJURY	While At Not While		NJOKI OCCOR	
	TAPPROXI	Work L Al Work			
	22. I certify that (() (this hospital) attended	d the deceased from MA		19 72 to MA	
	that (1) (we) lost sow the deceased ailve o	MAY 6	19 <u>72</u> and	that In (my) (our) of	alnion death occurred on the date
	and hour and from the causes stated obove	*(1,6) (AIA) (AIA) (A)A) /(1)A)	lew the body after death	le	
	23A-SIGNATURE	1 m			23B. DATE SIGNED
	Klubynowesype	Calle DEGREE Phy	nding Med. Director	Staff Phys.	5/6/72
	23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS		
	PAULO WESTPHAL	EN MD	ST AGNES HOS	BAL BAL	TO MD 21229
24	A. BURIAL CREMATION, 24B. DATE 24C REMOVAL (Specify)	NAME of CEMETERY of CR	EMATORY 24D.	LOCATION (City, town, or county! (State)
	n . n	everly National	Cemetery R	everly, N. J	Committee of the
25		E OF REGISTRAR	25C, FUNERAL DIRECT		ADDRESS
	MAY 0 - 1072 P.R. 45 36	BEL NO O O	Witzker 163	OfEdmondson	Ave., Balto, Md.2122
-	150-NEV. 1/1/68				



FUNERAL DIRECTOR: IMPORTANT

1 6	AME OF DEC	CASED					In DATE	AND HOUR OF DE	ATM	
(Ty	pe or Print)	Milla		ESSIE	IKEN	Ε		4. 1972 Where deceased lived.		615
3.	PLACE IN BAL	TIMDRE MA	KYLÁND, W	HERE PRO	NOUNCED DEAD	A. STA	AL RESIDENCE (OUNTY		A. Salania Physical P
FU	EL NAME OF	ADDRE:	IN HOSPIT	AL OR INS	TITUTION, GIVE STRE	ET COUNTY	OR TOWN		Arunde INSIDE CITY	
IN	мопитпо					A .	RINOLD	b.	YES T	_
1	Owns A	OPKINS	Hosp	ITAL		E. STRI	ET AND NUMBE			
5. 5			.,,,,					ASTER RD.		
20 3	FEMALE	WHIT	E	WIDOW	ED NEVER MARRI	12 /1	-93	9. AGE (In years lost birthday) 79	Months	or 1 Yr. If Und Days Hours
104	USUAL OCCI	JPATION (GIV	e kind of work		OF BUSINESS OR IN		HPLACE (State of	foreign country)	12, CI1	TEN OF WHAT
don	o during most of	working life, ev	ron If refired)			Cha	taham, Or	nt.	τ	JSA
13.	none	ME					THER'S MAJDEN			
				RI	CHARDSON		ANNA C	Chilvers		
15.	Wee Decessed	Ever in U. S	Armed For	ces?	1 & SOCIAL	17. INFO	RMANT Arr	nold, Md.		ADDRESS 2
(1.4)	MUNICOL AUTHORUS	Jul yes, give	war of ball	a ui suivic	377-03-63			Priest, 20	1 Donos	-
	18. / 5/	X I			CAUSE OF		1.0000 11.	111000, 20	or Donca	APPROXIMATE I
8	DISEAS	E OR CON	DITION DI	RECTLY		٨		D		
3,	(This does n	LEADING 1		Julian a	(A) MMEDI	ATE CAUSE	PIRATION	J LNERMO	NIA	48 HRG
	heart failure.	of mean the	c. It means	the disea	DUETO	OR AS A CONSE	QUENCE OF:			
	heart failure, injury or con	asthenia, et plication wh	c. It means rich caused	the disea death.)	Se, DUE 10	, OR AS A CONSE	Can	(I A VO 6 A VO		2 4. 12.
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RICHARD THE MELENING IN

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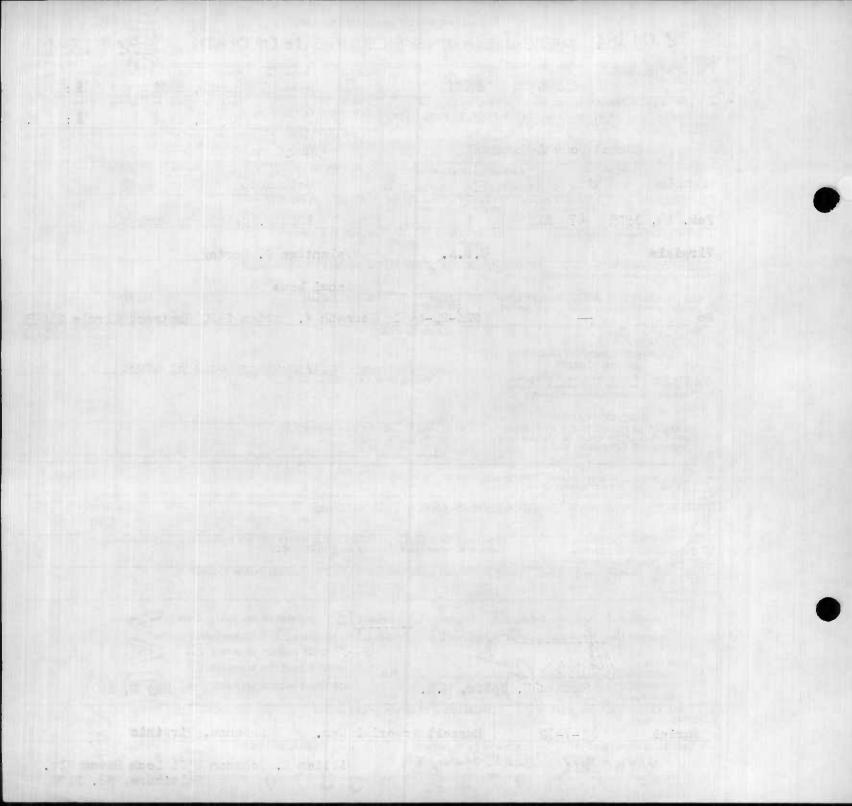
BALTIMORE	CITY	HEALTH	DEPARTMEN
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	2:13	1	A	1)	30
REG. NO	72	10	2	0	Or
REG. NO					

BII	72 04383 RTH NO.	CERTIFICA	TE OF DEATH	REG. NO.	2 04000
	NAME OF DECEASED		2. DATE AN	ID HOUR OF DEATH	
	ROSS OWENS		5/4	1/72 2 pm	7 "
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PR	ONOUNCED DEAD	4. USUAL RESIDENCE (Whe	e deceased lived. If Institu	tion: residence before admission)
FL	OSMITAL OR ADDRESS OR LOCATION)	NSTITUTION, GIVE STREET	nd.		CITY LIMITS?
5	good SAMAritAN HO	Spital	Baltimore	a L.	S NO
-			E. STREET AND NUMBER	07	
	5601 Loch RAVEN	DVICE.	807 Rut	IAND AV	2
5.	SEX 6. RACE 7. MAR	RIED NEVER MARRIED	8. DATE OF BIRTH	0 400 0 -/ 1 17	Under 1 Yr. If Under 24 His.
	M WIDO		7-4-85	rust biringoyi 27	onthe Doys Hours Min.
10/	LUSUAL OCCUPATION (Give kind of work 108, KIN	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole of fore	gn country) // 1	2. CITIZEN OF WHAT COUNTRY
do	ne during most of working life, even if refired)		41 111	- N.C.	
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NA	olow Cy	USA
	A /		0: 1		
	HAAM OWENS		DINAH	word pw	
15. (Ye	Wee Deceased Ever in U. S. Armed Forces? s,no or unknown] (If yee, give wor or dotes of serv	Ice) SECURITY NO.	17. INFORMANT	07 Bu+1	ANDRESS 4 YE
	No	229-32-676	5 M21-1	6.119.15	HA 4 YE,
	18. 4 / 2 × 1	CAUSE OF DEATH	0/10012/	1 ATICHO	APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY	,			BETWEEN ONSET AND DEATH
	LEADING TO DEATH	chro.	6/2010 0	ndlows x	10.
	(This does not meen the mode at dying,	e.g., (A)IMMEDIATE CAU	A CONSEQUENCE OF:	naione r	a more
	heart failure, asthenia, etc. It means the disc injury or complication which caused death.)	0050,			
	ANTECEDENT CAUSES	01.	2 2 4	•	× Q _
	DISEASES OR CONDITIONS, if ony, gi	vina DUF TO, OR AS	A CONSEQUENCE OF:	LOMICE	go mo.
	rise to the above cause (A) stoling	the	A GOUSEGOEINCE OIL		
	UNDERLYING CONDITION lost.	(c)	***************************************		
2					
2	OTHER SIGNIFICANT CONDITIONS CONTRIBUTION THE DEATH BUT NOT RELATED TO THE TERMINATION OF	NG NAI			
CA	DISEASE OR CONDITION GIVEN IN PART 1 (A).	***************************************	1970		
ERTIFI	WAS PERFORMED	OR WHICH OPERATION	20A. AUTOPSY? (Yee or No.	IN CERTIFYING CAUSES	NNGS CONSIDERED OF DEATH?
CER	21A. ACCIDENT WAS UNDERLYING	loth blace on house			
	OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., in home, farm, foctory, street, of	ice bidg., INJURY OCCUR?	(If in Boltimore Cit	ly, give exoct location)
CAL	DEATH (notify medical examined	etc.)			
EDI	21D-TIME (Month) (Doy) (Year) (Hour)	21 & INJURY OCCURRED	21F. HOW DID INJ	JRY OCCUR?	
2	(APPROX.)	While At Not While			
	22. I certify that (I) (this hospital) attend			972 to 5/	
	that (1) (we) lost saw the deceased alive				192
			IYand the	in (my) (aur) opinion	deoth occurred an the date
	ond haur and from the causes stated abov	e. (I) (We) (did) (did not) vi	ew the body ofter deoth.		
	23A. SIGNATURE	-//-	dia ema sa l		L DATE SIGNED
	Melland / Ne	DEGREE Phys	ding Med.	Staff Phys. 2	6/6/72
	23C. PHYSICIAN'S NAME (Type)		3D. ADDRESS		700
24/	BURIAL CREMATION, 248. DATE 24,	C. NAME of CEMETERY of CRE	MATORY 124D. 10	CATION (City, to	own, or county! (Slote)
1		M+AA	C 2	1	- J- (side)
25	DATE REC'D BY HEALTH DEPT. 25R NA	M. Kuburn	cem. 2	resepart	ma-
231		ARBO MA	25C. FUNERAL DIRECTOR		ADDRESS
		Autor Let a	DIJJon E	FUHERN	HOME
VS	150-RBW-1/1/68				

F 520

72 04384 MEDICAL EXAMI	VER'S CERTIFIC	CATE OF DEA	TH REG. NO	72 04384
I. NAME OF DECEASED (Type or Print) CATHLEEN FINK	2. DATE OF DEATH	Known Month Estimated May	1, 1972	Yeor Hnur 11:55 Am.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED I FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVES HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	REET 3. DATE PRONOU	NCED DEAD Month May		Year Haur 11:55 A.M. residence before admission)
Church Home & Hospital		Maryland		604
6. SEX 7. RACE 8. MARRIED NEVER WIDOWED C	VORCED 🔼	Baltimore	D. INSIDE CIT	Y LIMITS?
9. DATE OF BIRTH 10. AGE (In years lost birthday) Feb. 24, 1925 47 XXX		NO NUMBER 2012 E. Balt	imore Stre	eet
Virginia 11. BIRTHPLACE (State or foreign country) Virginia 12. CITIZEN O WHAT COLUMN	NTRY? Vals	ntime P. Hort	on	
14A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS dane during mast of warking lile, even if retired)	Naon	i Lowe		
No 226-2	ITY NO.			od Circle 21093
heart follure, asthenia, etc. it means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	DUE TO, OR AS A CONSEC	UENCE OF:		
	ERATION WAS PERFORM	ED		21. AUTOPSY? (Yes or No) Yes
UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 22D. TIME (Month) (Day) (Year) (Hour) 22E.INJURY (APPROX.) WHILE AT MORK	INJURY (e.g., in ar about 2: ry, street, office bidg., etc.) IN OCCURRED NOT WHILE AT WORK	C. WHERE DID (II In Bolti UURY OCCUR?		t location)
23. I certify that I held on Inquiry Inspect resulted from: Natural causes Accident [ACTUAL SIGNATURE EXAMINERS Werner U. Spitz, M NAME (Type) 24A. BURIAL CREMATION, 24B. DATE 24C. NAME	Suicide Ho Deputy C	HIEF MEDICAL EXAMINE TANT MEDICAL EXAMINE CIATE MEDICAL EXAMINE	mined manner C	
REMOVAL (Specify)	1 Memorial Cem		n, Virgini	
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGI	TRAR 25C. F	UNERAL DIRECTOR		DORESS
MAY 8 - 1072 Par E. Jabe	Will Will	iam E. Johnso		
VS 151-REV. 1/1/68			Dal Cleor	e, Md. 21204



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H	64			

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE	CITY	HEALTH	DEPARTMENT
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CED	TIEL	CAT	EO	F DE	ATL
CEK	HILL	LAI	EU	ГИС	АІП

X	REG. NO	72	04	385

BIRTH NO. 72 04385	CERTIFICA	ATE OF DEA			
(Type or Print) MONROE I.E	EROY BOWERS	2. D	May 2, 19		
3. PLACE IN BALTIMORE, MARYLAND, WH	ERE PRONOUNCED DEAD	A. STATE B.		institution: residence before odmissian)	
HOSPITAL OR ADDRESS OR LOCATI		c. CITY OR TOWN		SIDE CITY LIMITS? YES NO *	
JUS Public Health Serv 3100 Wyman Parkway	rice Hospital	E. STREET AND NUM RD 1 WE	ABER alnut Grove Rd.		
36 0000000000	MARRIED XXVEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH 2/16/14	9. AGE (In years tost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.	
10A, USUAL OCCUPATION (Give kind af wark) 1 dane during mast af warking life, even if retired) Self employed	B. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Stote		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Bernie Bowers		Virgie H			
15. Was Deceased Ever in U. S. Armed Force (Yes, no or unknown) (If yes, give wor or dotes NO		17. INFORMANT	IS PHS Hospita	ADDRESS	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., heart foilure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving (A) IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF: DUE TO, OR AS A CONSEQUENCE OF:					
rise to the above cause (A) s UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTO TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PART	(c)Iympho	osarcoma 		5 years	
O DISEASE OR CONDITION GIVEN IN PART 19A. DATE OF OPERATION 198. CONDITION WAS PERFO	1 (A).	20A. AUTOPSY? (Ye	s or Na) 208. IF YES, WERI IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?	
OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	218. PLACE OF INJURY (e.g., hame, farm, factory, street, etc.)	, in or obaut 21 C. WHERE office bldg., INJURY OCC	DID (If in Boltim	ore City, give exoct location)	
21D. TIME (Manth) (Day) (Yeor) OF INJURY (APPROX.)	(Haun) 21E. INJURY OCCURRED While At At Work At Work	nile 🗂	DID INJURY OCCUR?		
22. I certify that (1) (this hospital) attended the deceased from Apr. 17 19 72 to May 2 19 72, that (1) (we) lost saw the deceased alive an May 2 19 72 and that in (1) (our) opinion death occurred an the date and haur and from the causes stated above. (1) (We) (did) (did dol) view the body after death.					
23A. SIGNATURE 23B. DATE SIGNED 23B. DATE SIGNED 5/3./72 23C. PHYSICIAN'S 23C.					
Robert E. Belliveau, Surgeon (R) OS PRO HOSPICAL, BALCO, Mu. 21211					
24A. BURIAL CREMATION, REMOVAL (Specify) Burial 5/5/72	Piney Creek Bre			, Carroll Co. Md.	
	58. NAME OF REGISTRAR	25C. BUNERAL DI		ADDRESS Littlestown.Pa.	

VS 150-REV. 1/1/68

The street of the street are on a second street, and the street of the state of the Washington a feet being to the

(4) Undetermined cause; (5) death assistant if any fracture of the chief medical examiner (2) Body 0 to the hospital any nature; approved

of death Deceased

contributing cause

hospital

0

attendance

in regular

Was

death

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who

where the physician

(except

hospital death)

ata

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SD

shows:

he body was released

(1) An accident

; and

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prior

pespese

VS 150-REV. 1/1/68

(6) No physician was

death.

9

prior

deceased

the

attendance on

in regular

BALTIMORE CITY HEALTH DEPARTMENT 72 04386 CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DEGEASED 2. DATE AND HOUR OF DEATH (Type or Print) 5 0 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE
B. COUNTY (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) FULL NAME OF HOSPITAL OR INSTITUTION C. CITY OR TOWN D. INSIDE CITY LIMITS? YES C NO or final disposition is made, OSH 9. AGE (In years last birthday) 8. DATE OF BIRTH MARRIED NEVER MARRIED If Under 1 Ys. If Under 24 Hrs. WIDOWED 4 DIVORCED 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country 12. CITIZEN OF WHAT COUNTRY? done during most of working-life, even if retired) North Thumber and HOUSEW IT රිං 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Henson LUC AS 15. Wes Deceased Ever in U. S. Armed Forces? (Yes,no or unknown) (If yes, give wor or dotes of service) 6. SOCIAL 17. INFORMAN ADDRESS SECURITY NO. NO. 22-3068 4 Taske 18, CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH CVA. (A) IMMEDIATE CAUSE (This does not meon the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, DUE TO, OR AS A CONSEQUENCE OF: injury at camplication which caused death.) ANTECEDENT CAUSES DUE TO, OR AS A CONSEQUENCE OF: are DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last obtained before the remains 11 CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION WAS PERFORMED 20A-AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21 B. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID home, farm, factory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) MEDICAL DEATH (notify medical examined 21 D. TIME OF INJURY (Month! |Doy) (Year) 21 & INJURY OCCURRED Houd 21F. HOW DID INJURY OCCUR? Not While While At F (APPROX.) At Work 22. I certify that Affithis hospital) attended the deceased from 40 pe that (t) (we) last saw the deceased alive an and that in (pay) (our) apinian death accurred an the date and have and from the causes stated abave (1) (We) (did) (did hot) view the bady after death. must 23A. SIGNATURE 23 B. DATE SIGNED Attending [Med. approval Phys. Director 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS 24A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY OF CREMATORY ALMOVAL (Specily) 24D. LOCATION (City, town, or county) 1 Stotel written WOURN

Such

				BALTIMORE CITY	HEALTH DEPARTMENT		79 (4257
BIRT	TH NO.	2 04387		CERTIFICA	TE OF DEATH	REG. NO	72 04387
	AME OF DEC	EASED			2. DATE	AND HOUR OF DEATH	1 .
(Тур	e or Print)	EDITH E. H	ARRIS		May	7, 1972	8.215 A M.
3. I	LACE IN BAL	TIMORE, MARYLAND,	WHERE PROP	HOUNCED DEAD	4. USUAL RESIDENCE (WA. STATE B. CO		institution: residence before admission)
FU I	L NAME OF	(IF NOT IN HOSP	TAL OR INS	TITUTION, GIVE STREET	MARYLAND		2798
INS	TITUTION	7,55,1250 011 001			C. CITY OR TOWN	D. IN	SIDE CITY LIMITS?
0	0				BALTIMORE		YES X NO .
	2817	W. GARRISON	AVENUE		E. STREET AND NUMBER		
	3017	W. GARRISON	MULITOR		3817 -W. GARR	ISON AVE	
5. S	FY	6. RACE	7. 44 4 201	O DAISUSD ANA BOUSD D	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr., If Under 24 Hrs.
	F	В	WIDOW		1-6-17	lost birthdoy	Months Doys Hours Min.
				OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF WHAT COUNTRY?
done	during most of	working life, even if retired			Ditchland, Vi	rginia	U. S. A.
13.	FATHER'S NA	ME			14. MOTHER'S MAIDEN N	IAME	
V	Villie N	lutt			Eva Davis		
15. \	Nos Deceased	Ever in U. S. Armed F	orces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
(1es	, no or unknowr	if it yes, give wor or do	nes of service	213-01-7037	Randolph Car	rter 1527	N. Bentalou St.
	18./// 7	. / 1		CAUSE OF DEATH			APPROXIMATE INTERVAL
	the 1 the						BETWEEN ONSET AND DEATH
1	DISEA	SE OR CONDITION DEATH			1. stance	120.1	+ 2 100 DE
	(This does			(A) IMMEDIATE CAU		CICKOIK ME	IN SYEARS
		not meon the mode of osthenio, etc. It meon			A CONSEQUENCE OF:	Dise	256
		mplication which couse			2	0,0	
		ANTECEDENT CAUSE	S	1/1/2	100toine	11	2.10-115
				(B) /7 /	16/6/6/10/01		J YEAR
		OR CONDITIONS, if			A CONSEQUENCE OF:		
		e obove couse (A G CONDITION lost.	storing t	(c)			
				(0)			
7		11					
ATION	TO THE DEA	FICANT CONDITIONS C	THE TERMINA				~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
		FORERATION 19B. CO		R WHICH OPERATION	20 A. AUTOPSY? (Yes or	No. 208. IF YES WERE	FINDINGS CONSIDERED
ERTIFIC	0		RFORMED	N WINGS OF EACH ON		IN CERTIFYING C	AUSES OF DEATH?
Ü	21A. ACCIDE	NT WAS UNDERLYING		21 B. PLACE OF INJURY (e.g.,	or obout 21C. WHERE DID	(If in Boltim	ore City, give exoct locotion)
CAL		UTING CAUSE OF medical examiner		nome, form, foctory, street, of etc.)	fice bidg., INJURY OCCUR?		
	21 D. TIME	(Month) (Doy) (Yeo	r) (Hour) 2	TE. INJURY OCCURRED	21F. HOW DID I	INJURY OCCUR?	
X	(APPROX.)			While At Not Whil			
	(APPROL)			Work At Work			
	22. I certify	that (1) (this hospit	ol) attende	d the deceased fram	- 6	1969 to C	E-5 19 12.
	that (I) (we	lost sow the deceo	sed alive o	n 5-5	19 72 and		olnion deoth occurred on the date
				1			
			oted obave	(I) (We) (did) (dld not) v	lew the body ofter deot	h.	
	23A. SIGNATI	JRE / //	7/	1 116			23B. DATE SIGNED
	dan	nisol Kill	Her	7/1/2	nding Med. Director	Staff Phys.	5-8-12
-	23C. PHYSICIA	INIC	aver.	/ DEGREE	23D. ADDRESS	rnys. —	
	NAME (Type) / 17	1	L. 11 0	000-11 1	1/ Carport	CI Kallmin Mil
	San	nuel K. ()	WINA	15, JR., M. DEGREE	707-11 14	· currey	
24A	BURIAL CRE	MATION, 24B. DATE	24C	NAME of CEMETERY OF CRE	MATORY 24D	LOCATION (City, town, or county) (State)
	Burial	5-10	-72 N	lount Auburn Cen	nem terv	Baltimore, M	Maryland
25A	DATE REC'E			E OF REGISTRAR	25C. FUNERAL DIRECT	TOR 1701	aurens SAPDRESS

IMPORTANT FUNERAL DIRECTOR: deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death, written approval must be obtained before the remains are embalmed or final disposition is made.

VS 150-REV. 1/1/68

1972 Valent E. Jarbey M. S.

Morton & Dyatt Funeral Homes,

THE STREET

SMOON WEIGHT OF ST

Pen-10 Ti-j-l

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all-of-132 Amelol on Caches 1127 C. Contains St.

A PROPERTY OF THE PROPERTY OF

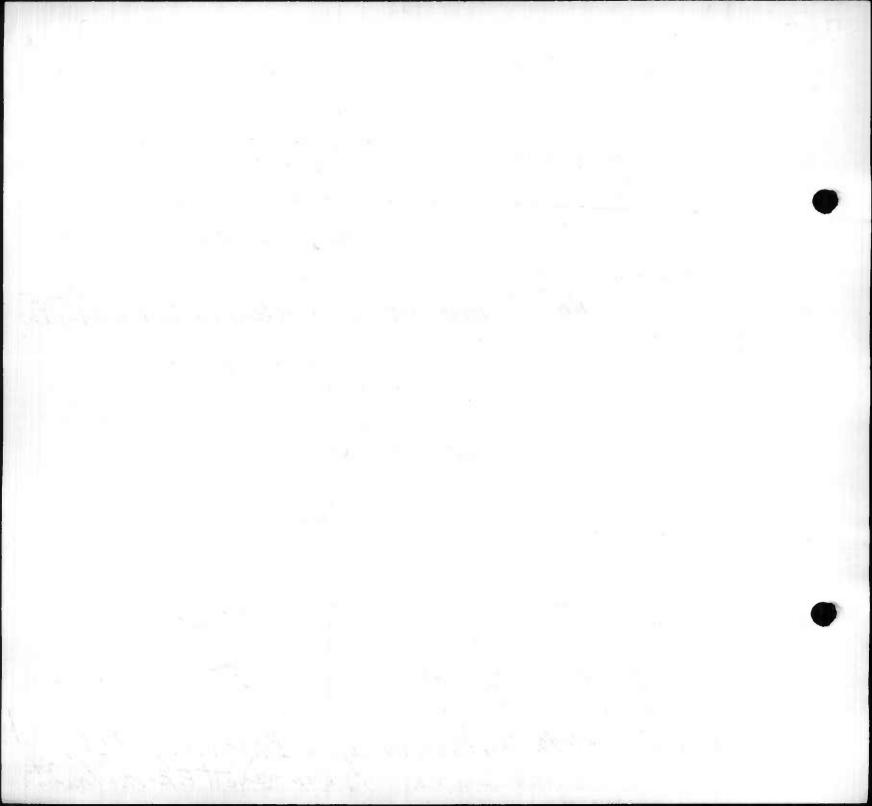
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

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BALTIMORE CITY HEALTH DEPARTMENT

	-:)	CA	200
REG. NO	16	1.75	000

BIRTH NO.	CERTIFICA	TE OF DEATH	REG. NO.	19.388	
I. NAME OF DECEASED Hensen		2 DATE A	ND HOUR OF DEATH		
Herson, Will	liam A	30	10-	4 25 DM	
3. PLACE IN BALTIMORE, MARYLAND, WHERE P	RONOUNCED DEAD	4. USUAL RESIDENCE (Who	ere deceased lived, If institutions	residence before admission)	
FULL NAME OF HOSPITAL OR HADDRESS OR LOCATION)	INSTITUTION, GIVE STREET	md c. CITY OR TOWN	D. INSIDE CITY	1402	
7		BAITIMOR		_	
UNIU. MARYLAND	Horp	E. STREET AND NUMBER	/	Z 140 []	
5. SEX 6. RACE A 7. MARE	RRIED NEVER MARRIED	8. DATE OF BIRTH			
m WIDO	WED DIVORCED	5/18/12	9. AGE (In years If Uni lost birthdoy) 3-9 Manth	der 1 Yr. , If Under 24 Hrs. Days Haurs Min.	
IOA. USUAL OCCUPATION (Give kind of work 108, KIN done during most of warking life, even if retired)	NO OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Sloto at lore		TIZEN OF WHAT COUNTRY	
3. FATHER'S NAME		Mary las	1011.10	U5A	
William Hens	0~		Tohn son		
S. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give war or dates of ser	11 / 20 01 11	17. INFORMANT	1	ADDRESS PLOTE	
NO	217-03-1927	clace- E/	PANOVA VOILE	-1724Fit	
18. / 5 OX I	CAUSE OF DEATH		7.700 77. 00412	APPROXIMATE INTERVAL	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		0.	. 10	BETWEEN ONSET AND DEATH	
This does not mean the made of dving	(A) IMMEDIATE CAU	SE CALCASO SAL CONSEQUENCE OF:	a of the		
heort failute, asthenio, olc. Il meons the dis					
injury or complication which caused death.)	loop	Engus			
ANTECEDENT CAUSES	(R)				
DISEASES OR CONDITIONS, if any, g	iving DUE TO, OR AS	A CONSEQUENCE OF:	*****************************		
rise to the obove couse (A) stoling UNDERLYING CONDITION lost.					
	(c)				
OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO THE TERMI DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19E, CONDITION I WAS PERFORMED	ING NAL				
194- DATE OF OPERATION 198. CONDITION	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No	208, IF YES, WERE FINDING	CONSIDERED	
WAS PERFORMED		No	IN CERTIFYING CAUSES OF	DEATH?	
OR CONTRIBUTING CAUSE OF DEATH Incitive medical examiner	21B. PLACE OF INJURY (e.g., in home, farm, factory, street, offi elc.)	or obout 21C. WHERE DID	(il in Boltimore City, gi	vo exoct location)	
21D.TIME (Month) (Doy) (Yeor) [Hour	21E INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?		
[APPROX.]	While Al Nol While At Work				
22. 1 certify that (1) (this hospital) ottended the deceased from 5/3 19 72 to 5/4 19 72					
that (1) (we) last saw the deceased clive on 5/4 19 72 and that In(my) (eve) opinion death occurred on the date					
and hour and from the causes stated above. (1) (We) (did) (did-not) view the body after death.					
23A. SIGNATURE 23B, DATE SIGNED					
Attending Med. Stoff					
23C. PHYSICIAN'S Attending Med. Director Director Phys. 5/4/72					
23C. PHYSICIAN'S NAME (Typo) 23D. ADDRESS					
24A, BURIAL CREMATION, 24B. DATE 24G, NAME OF CREMATORY OF CREMATORY					
KEMOVAL (Specify) See-13 11+ A. G. Wall Company (Stole)					
SA. DATE REC'D BY HEALTH DEPT. 258, NA	ME OF REGISTRAR	25C4FUNERAL DIRECTOR	minno e	ADDRESS & E	
MAY 8 - 1972 P.B. B	E Jalley R. 3 1	BOSTON TS	Dyett F. H1:	noi-houven's	
1 1-V-NE TO 1/1/00					



-0 04220°

BALTIMORE CITY H	EALTH DEPARTMENT
MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO. 72 04389
1. NAME OF DECEASED W.	2. DATE Known XX Manth Day Year Hour
(Type or Print) Theodore McDermott	OF DEATH Estimated 5 6 72
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Manth Day Year Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	PRONOUNCED DEAD 5 6 72 10:27 a.
00 234 Homewood Terr.	S. USUAL RESIDENCE (Where deceased lived. If institution: residence belare admission) A. STATE Md.
6. SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
male White WIDOWED DIVORCED	Balto. YES NO NO
9. DATE OF BIRTH JUL. 17, 1923 10. AGE (by years If Under 1 Yr. If Under 24 Hr. Months, Doys, Hours, Min	E. STREET AND NUMBER
21.7	234 Homewood Terr.
11. BIRTHPLACE (State or lareign country) 12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME
PENN . WHAT COUNTRY? U.S.A. 14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUST	Theodore Mc Dermott
done during most of working life, even if retired Clerk Social Security	Margaret Flaherty
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	18. INFORMANT ADDRESS
(Yes, or unknown) (If yes, over manor dates of service) SECURITY NO. 210-11-106.	Mc Cabe F.H. Pitts. Pa.
19. L/ / 9 . L/ . CAUSE OF DE	
DISEASE OR CONDITION DIRECTLY Arte	riosclerotic cardiovascular disease
LEADING TO DEATH	CAUSE
(This daes not meon the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	AS A CONSEQUENCE OF:
intury or camplication which coused death.)	
ANTECEDENT CAUSES (B)	
II KISE TO THE ABOVE CAUSE (A) STATING THE	R AS A CONSEQUENCE OF:
Z UNDERLYING CONDITION LAST. (C)	
0	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 200. DATE OF OPERATION 208. CONDITION FOR WHICH OPERATION V	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION V	VAS PERFORMED 21. AUTOPSY? (Yes or No)
	yes
UNDERLYING OR CONTRIB- home, form, factory, street, off	., in ar about 22C. WHERE DID (if in Boltimore City, give exact location) ice bldg., etc.) INJURY OCCUR?
UTING ☐ CAUSE OF DEATH. ≥ 22D. TIME (Month) (Day) (Year) (Hour) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?
OF INJURY WHILE AT NO	T WHILE []
23.	WORK L.
	utopsy 🗆 and that an this basis, deoth In my opinion
resulted from: Natural causes XX Accident Suic	ide Homicide Undetermined monner
The living	CHIEF MEDICAL EXAMINER DATE SIGNED
	ASSISTANT MEDICAL EXAMINER
EXAMINER'S Peter Lipkovic, M.D.	ASSOCIATE MEDICAL EXAMINER 5/7/7
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETER	Y or CREMATORY 24D. LOCATION (City, town, or county) (State)
Burial May9 1972 St. Mary's	Alleghany Co Pitts Penn
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR E. Jaben, R.D.	n.w.Jenkins of the
	4905 York Rd. Balltimore Md.
VS 151-REV. 1/1/6B	0 3 3 8 4

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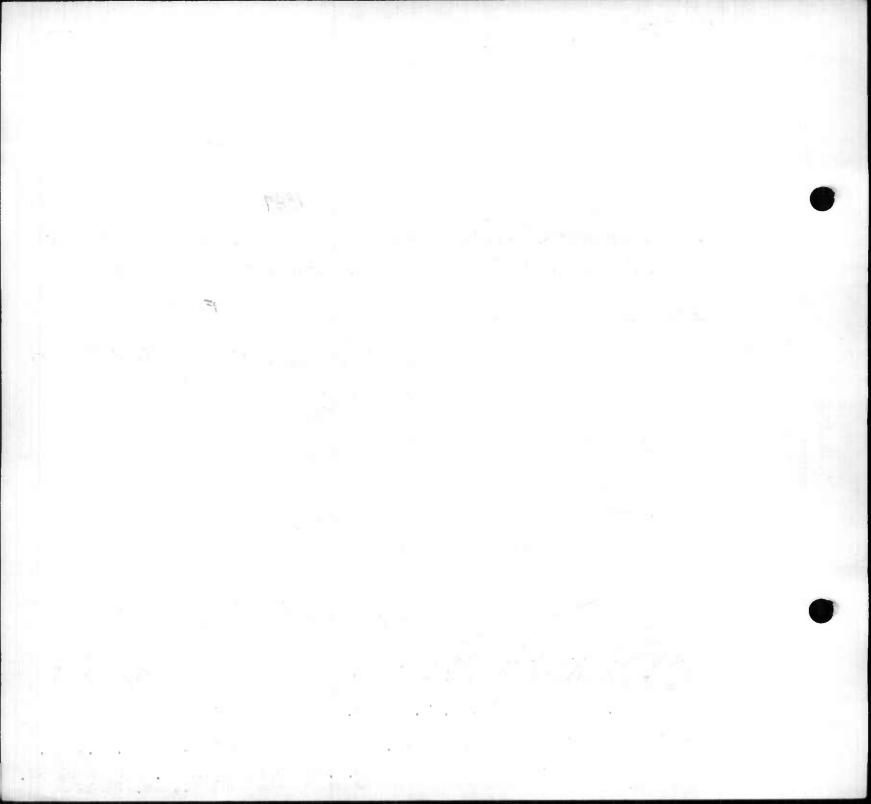
	curred in a hospital and ributing cause of death nined cause; (5) Deceased jular attendance on the ed prior to death. Such
MPORTANT	his assistant if death oc. so, if the direct or cont of any kind; (4) Undetern unced death was in regundance on the deceased or final disposition is a
FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

713	64390	BALTIMORE CITY HEALTH DEPA
	GEORG	CERTIFICATE OF DE

REG. NO	779	0	4:	391	
KEG. NU.	-/-	100	1.5	JTJ	U

11 11 - 121 1	Y HEALTH DEPARTMENT	2 04390			
INAME OF DECEASED	TE OF DEATH	09000			
(Type or Print) Mamie E. November	2. DATE AND HOUR OF DEATH	8:45 P			
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If insti	tution: residence before admission)			
FULL NAME OF THE NOT IN HOSPITAL OR INSTITUTION GIVE STREET INSTITUTION REPORTS OR OCCUPANT AND THE NOTION OF THE PROPERTY OF	Maryland	CITY LIMITS?			
Baltimore City Hospitals 4940 Eastern Ave. 5-16-73		YES NO NO			
Baltimore, Md. 21224	107 Monument St. Balt	imore. Md. 21201			
5. SEX 6. RACE 7. MARRIED NEVER MARRIED		If Under 1 Ye. If Under 24 Hrs. Months Doys Hours Min.			
Female Caucasian WIDOWED DIVORCED	2 1 5 7 8 7 6 1				
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY done during most of working life, even if refired)	11. BIRTHPLACE (Stoto or foreign country)	12. CITIZEN OF WHAT COUNTRY?			
Homemaker Own Home	Baltimore, Md.	USA			
	14. MOTHER'S MAIDEN NAME				
Herman Telgkamp	Sophia A. Pflugel				
15. Was Deceased Ever in U. S. Armod Forces? (Yos, no or unknown) (If yes, give wer or dotes of service) 16. SOCIAL SECURITY NO.	17. INFORMANT 4940 Eastern A	Ve. ADDRESS			
No 219-01-4150	BCH Records: Baltimore, Md	. 21224			
18. 4 CAUSE OF DEAT	H 7	APPROXIMATE INTERVAL			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Dynaman S. last.				
(This does not meen the mode of dying, e.g. (A) IMMEDIATE CAU	ISE DIMINARY EMBOLY				
heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.)	A CONSECUENCE OF:				
ANTECEDENT CAUSES	imania				
DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS	A CONSEQUENCE OF:				
HALDERS VING GOALD TOOL AND SIGNING THE	SCVA				
UNDERLYING CONDITION last. (C).	0000				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION (SIVEN IN PART 1 [A).					
WAS PERFORMED	20A- AUTOFSY? (Yes or No) 20B. IP YES, WERE FIN	DINGS CONSIDERED			
OR CONTRIBUTINO CAUSE OF DEATH (notify medical examined) 218. PLACE OF INJURY (e.g., inhome, farm, loctory, street, of etc.)	n or obout 21C. WHERE DID (If in Boltimore C	ity, give exect location)			
21D-TIME (Month) (Doy) (Yeer) (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?				
(APPROX.) White AI Not While At Work	· 🗆 📗				
22. I certify that (+) (this hospital) attended the degeased from 417/27 19 to					
that (1) (we) last saw the deceased alive on 449 5/4 19 37 and that in (my) (our) opinion death occurred on the date					
and faul from the dauses stated abave. (1) (We) (did) (did not) view the body after death. 23A. SIGNATURE 23B. DATE SIGNED					
22C BUYELCHARD	30, ADDRESS Baltimore City Hospi	tals			
Ronald J. Innerfield M.D.	4940 Eastern Ave. Baltimore,				
24A. BURIAL CREMATION, 24B. DAJE 24C. NAME of CEMETERY OF CRE		own, or county) (Stole)			
Burial 5-8-72 Holy Redeemer	Balto				
25A. DATE REC'D BY HEALTH DENT. 258. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS Md			
ואווו	H. W905 York Road Bal	C8: Md. 21212			
VS 150-REV. 1/1/68		كا طومنا طومنا			

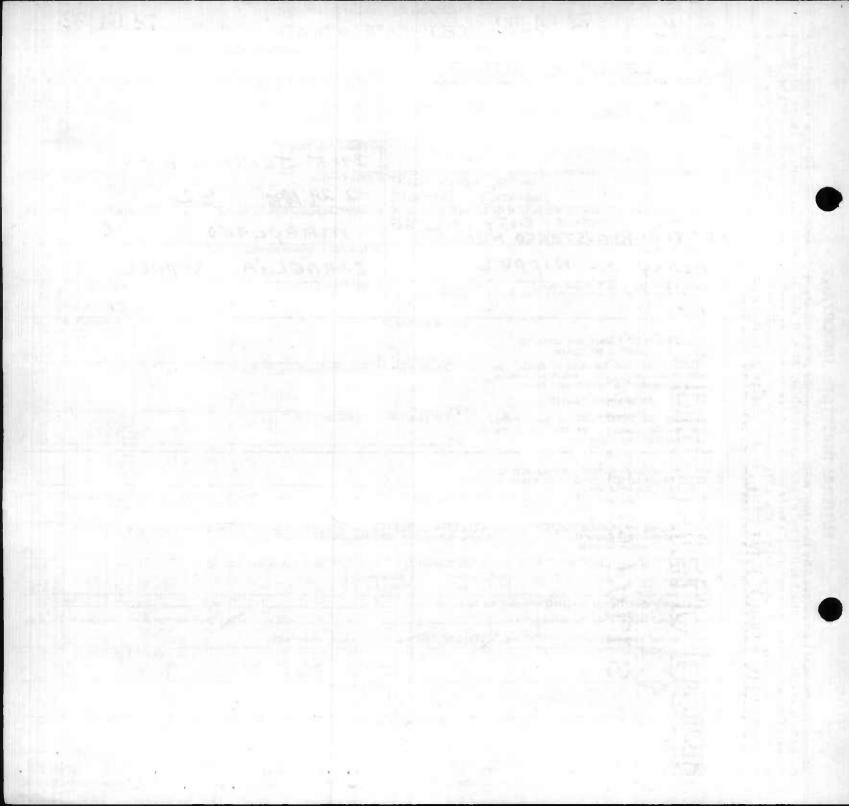
11 / / # 44 / /)	Y HEALTH DEPARTMENT 72 04391
BIRTH NO. 72 04391 CERTIFICA	ATE OF DEATH REG. NO. 12 04031
1. NAME OF DECEASED	
Le Guy Simon Wol-	Fe May 5, 19721 199 PM
3. PLACE IN BALTIMORE, MARILAND, WHERE PRONOUNCED DEAD	A. USUAL RESIDENCE (Where declared lived II institution residence before commission)
FULL NAME OF IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION	2524 St. Paul St 1206
INSTITUTION	C. CITY OR TOWN D. INSIDE CITY LIMITS?
Maryland General	E. STREET AND NUMBER
HOSpital	Maryland Balto.
5. SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH / 9. AGE (In years If Under 1 Yr. If Under 24 Hrs.
MIDOWED DIVORCED	1/2-2-/8RM X4
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY done during, most of working life, even if refired) WESTER W	11. BIRTHPLACE (Stote or loreign country) 12. CITIZEN OF WHAT COUNTRY?
RETIRED CONDUCTOR Md. RAILROAD	W. Vinginia U.SA.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
WILLIAM H. WOLFE	MARGARET M. SIMON
15. Wos Deceosed Ever in U. S. Armed Forces? 16. SOCIAL (Yes, no or unknown) (I) yes, give wer or doles of service) SECURITY NO.	17. INFORMANT ADDRESS
217-20-399	Phyllis Zerofsky 2524 St. Paul
18. 4/0 9 CAUSE OF DEAT	H APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Obutoil 1 man dialeula state 5/4
(This does not mean the made of dying eg (A)IMMEDIATE CAL	A CONSEQUENCE OF:
hearl loiture, asthenia, etc. It means the disease, injury ar complication which caused death.)	A CONSEQUENCE OF:
ANTECEDENT CAUSES	NUD
DISEASES OR CONDITIONS, if any, giving (8)	A CONSEQUENCE OF:
rise to the above cause (A) stating the UNDERLYING CONDITION last. (C)	
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL A DISEASE OR CONDITION GIVEN IN PART 1 (A)	
	In A augustus and IV. At J. Con. and IV.
194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No!) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., I	n or about 21C, WHERE DID (II in Boltimore City, give exact location)
DEATH (notify medical examined)	ince bidg., INJURY OCCUR?
OF INJURY (Month) (Doyl (Yeor) (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
(APPROX.I While At Work At Work	
22. I certify that (1) (this haspital) attended the deceased from	7 197/ to 5/5 1972
that (1) (we) lost saw the deceased alive on	24 19 7 and that In(my) (our) opinion death occurred on the date
and hour and from the causes stated above. (1) (Ma) (Hid) (did nat) v	lew the bady after death.
23A. SIGNATURE	23B DATE SIGNED
DEGREE Phys	nding Med. Staff Phys. Director Phys. D
NAME (Type)	3D. ADDRESS
W. Dnidenstrutt, M. D. DEGREE	Md. General Hospital
24A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY OF CRE	MATORY 24D. LOCATION (City, lown, or county) (Stole)
Burial 5/8/72 Moreland Mem.	
MAY 8 - 1972	25C. FUNERAL DIRECTOR H. WaJenkins & Sons Co. 4905 York Rd.
VS 150-REV. 1/1/68	Balto. Md 21212



FUNERAL DIRECTOR: IMPORTANT

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This cortificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

	0.	217	0100	BALTIMORE CIT	HEALTH DEPARTMEN	T	20 04200
-	-/40 H NO.		0439	CERTIFICA	TE OF DEATI		72 04392
(Тур	AME OF DECE	LEONA	A. R	IPPLE	N	and Hour of Death	2 8.05 Am.
3, 1	LACE IN BALT	MORE MARYLAND,	WHERE PRO	NOUNCED DEAD	A. STATE & C	Where deceased lived. If in OUNTY	istitution; lesidence before admission)
HO	L NAME OF SPITAL OR TITUTION	(IF NOT IN HOS ADDRESS OR LO	PITAL OR IN	STITUTION, GIVE STREET	C. CITY OR TOWN	D. INS	IDE CITY LIMITS?
1	arn lan	d Geni	eral	1 protal	E. STREET AND NUMB	B ER	YES YES NO
1	11000	0(- 000		4020.1001	3905 5	TUNIPER I	ROAD
5. S	EX	6. RACE	7- MARRI WIDOW		8. DATE OF BIRTH	9. AGE (In years last birthday) 82	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
		PATION (Give kind of vorking life, even if refire	ork 108, KIND	OF BUSINESS OR INDUSTRI	11. BIRTHFLACE (State of	foreign country)	12. CITIZEN OF WHAT COUNTRY?
0		0 - 1-	ERED	NURSE	MAR	YLAND	USA
	FATHER'S NAM	lE 3	2		14 MOTHER'S MAIDEN		
	HENRY	y S. K	KIPPI	EL	CORNE	LIA RUI	PPEL
15, \ (Yes	no or unknown)	Ever in U. S. Armed (If yes, give war or d	Ferces? lates of service	16. SOCIAL SECURITY NO. 213 - 26 - 6071	JOHN C.	0.120/ /=	ADDRESS (CAME)
_	18. // / 2	4		CAUSE OF DEAT		RIPPLE	APPROXIMATE INTERVAL
	4/2	OR CONDITION	DIRECTLY		- A A	-111-	BETWEEN ONSET AND DEATH
		LEADING TO DEAT	Н	(A)IMMEDIATE CA	USE CVA C	Possible fram	Alugna 36 basen
	heart failure, a	of mean the mode	ns the dise	DUE TO OR AS	A CONSEQUENCE OF:		13 Throlubosis
		lication which caus		\wedge	1 . 0 1	11 f.	Para las
	The second second	NTECEDENT CAUS		(8)	16 VIa V	esperieus 10	on Journey Hay
	DISEASES OR CONDITIONS, if any, giving as to the above couse (A) stating the UNDERLYING CONDITION last.						
		- 11		V			
NOL		CANT CONDITIONS					
CAI	DISEASE OR CO	INDITION GIVEN IN	PART 1 (A).	OR WHICH OPERATION	20A-AUTOPSY (Yes	or Noll 208, IF YES, WERE	FINDINOS CONSIDERED
CERTIFICATION	7)		ERPORMED	or willing or training	No	IN CERTIFYING CA	FINDINOS CONSIDERED AUSES OF DEATH?
	21 A. ACCIDEN OR CONTRIBUT DEATH Inotify	T WAS UNDERLYING TINO CAUSE OF medical examined		21 B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or about 21 C. WHERE D.	ID (II In Boltimo	re City, give exect location)
EDICAL	21 D. TIME OF INJURY	(Month) (Doy) (Ye	at) (Hous)	21E INJURY OCCURRED	215. HOW DIE	INJURY OCCUR?	
8	(APPROX)			While At Not Wh			2//
	22. I certify	that (Nythis hospi	tal) attende	ed the deceased from	Man 2-	1977 to M	a 6 1957
		last sow the dece			19.77 or	d that in (my) (aur) opi	Inton death accurred on the date
	and hour and	from the causes s	tated above	a. (H) (We) (did) (did not)			
	23A. SIGNATUI		11				23 B. DATE SIGNED
	1/	16 fer	ipa	M.D. DEGREE Ph	ending Med. Director	Stuff Phys.	5/6/72
	23C. PHYSICIAL NAME 1Ty	N'S Pel	-	· / // /	23D. ADDRESS	160	l'Hositel
24/	BURIAL CREA	MATION, 248, DATE	24	C. NAME OF CEMETERY OF CH	REMATORY 24	no bluer	City, town, or county! (State)
F	Burial	5/8/	72	Loudon Park		Baltimore	Md.
-	MAY 8		A 248. 144/	WE OF REGISTRAR	25C. FUNERAL DIRE	CTOR	Co. 4905 York Rd.
VS	150-REV. 1/1/6		1 7	752 0 1)	U B C C B	Balto., Md.	21212 =



IMPORTANT DIRECTOR: FUNERAL

72 04393 REG. NO. CERTIFICATE OF DEATH Such Deceased of death I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH Greer Lindquist (Type or Print) 00 May 6, 1972 A. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) hospital PANEL COMPANIES STREET death. 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD attendance A. STATE R COLINITY (2) cause (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET, ADDRESS OR LOCATION) Md. FULL NAME OF HOSPITAL OR C. CITY OR TOWN D. INSIDE CITY LIMITS canse; 9 Balto. YES X St. Johns Rd. prior contributing E. STREET AND NUMBER occurred 706 St. Johns Rd. is made. (4) Undetermined regular 5. SEX 9. AGE (In veors II Under 1 Yr. Monthsi Days NEVER MARRIED 7. MARRIED deceased F W Nov.12,1886 DIVORCED WIDOWED 10A. USUAL OCCUPATION (Give kind of work) 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? death disposition done during most of working life, even if retired? Homemaker Towa Own Home 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME direct Harvey G. Geer Clara Hanna death LO kind; 15. Was Deceased Ever in U. S. Armed Forces? 17. INFORMANT 6. SOCIAL final (Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO. attendance No 515-34-0542 Mrs. Helen L. Bonny any T CAUSE OF DEATH 18. 0 DISEASE OR CONDITION DIRECTLY med o LEADING TO DEATH fracture (This does not mean the made of dying, e.g., DUE TO. OR AS A CONSEQUENCE OF heart lailure, asthenia, etc. It means the disease, emba gular injury or complication which caused death.) ANTECEDENT CAUSES ho Collerina re DISEASES OR CONDITIONS, il any, giving 0 rise to the above couse (A) stoling the physician before the remains UNDERLYING CONDITION lost. medical MOS П ATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING No physician TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) 20A. AUTOPSY? (Yes of No.) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? CERTIFIC 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION the 0 WAS PERFORMED Ludeum 21 A. ACCIDENT WAS UNDERLYING 218. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, larm, lactory, street, office bldg., INJURY OCCUR? (If In Boltimore City, give exact location) where OR CONTRIBUTING CAUSE OF hospital DEATH (notify medical examiner) nature; MEDIC. obtained 21 D. TIME (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 9 OF INJURY Not White approved (except While At (APPROX.) pup any 22. I certify that (1) Ithis haspital) attended the deceased fram an about 2 4 gers that (1) (we) last saw the deceased alive an celect Lulo a and that In((my)) (aur) opinion death occurred on the date of eath) hospital and haur and fram the couses stated abave. (1) (We) (did) (did nat) view the body after deoth, was released must An accident 23A. SIGNATUR 23B. DATE SIGNED Attending Med. 0 Phys. Director approval 0 23C. PHYSICIAN'S 23D. ADDRESS prior at NAME (Type Johnson Jr. MD Robert H. 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specily) 24C. NAME OF CEMETERY OF CREMATORY deceased (City, town, or county) Ö the body written shows: d Cremation 5-6-72 Loudon Park Baltimore Was 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR H.W. Jenkins & Sons Co. Balto. Md. VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

NO

Hours

APPROXIMATE INTERVAL

(Stote)

Md

BETWEEN ONSET AND DEATH

USA

ADDRESS

Same

If Under 24 Hrs.

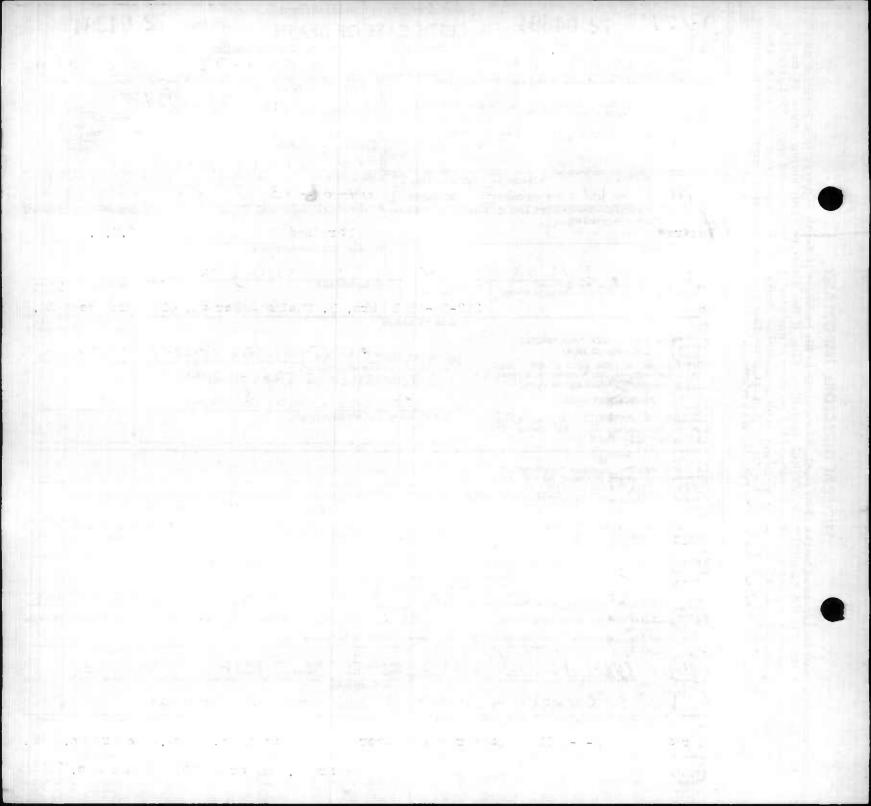
5-12-1972 - Correction form from Funeral Director - H.W. Jenkins & Sons Co., 4905 York Road

Balto., Md. 21212

HRS

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1	N 100	~ 41	BALTIMORE CITY	HEALTH DEPARTMENT		***
)-/20 72 0439	34	CERTIFICA	TE OF DEATH	REG. NO.	72 04394
	Po or Print DUITED	DAU	15		HOUR OF DEATH	1 03:10A.
3,	PLACE IN BALTIMORE MARTLAND, WHE	RE PRONOU	INCED DEAD	4. USUAL RESIDENCE (When	e deceased lived. If insti	itution; residence before admission)
FU	LL NAME OF (IF NOT IN HOSPITAL OS ADDRESS OR LOCATICS	OR INSTITU		A. STATE B. COUN	in ARUND.	
-	JOHNS HOPKINS	Hos	SPITAL	FANN APOI	115	YES NO
-	33			131 Deu	ver Driv	
5, 5	m 11/	MARRIED [VIDOWED [0'7-06-13	9. AGE (In years lost birthdoy) 58	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
don	USUAL OCCUPATION (Give kind of working) o during most of working life, even if refired) Retired	LIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or forei		U.S.A.
	FATHER'S NAME			14 MOTHER'S MAIDEN NAM	AF	0,0,11,
		ARd	John.	,	19, Bess.	ie
15. (Ye	Was Decoused Ever in U. S. Anned Forces s, no or unknown) lif yes, give war or dates o	7	SECURITY NO.	17. INFORMANT	1	ADDRESS 21229
	No		212-16-4351 CAUSE OF DEATH		Amberman, 62	21 North Bend Rd.
NON	LEADING TO DEATH (This does not mean the mode of dy heart failure, asthenia, etc. it means the injury or complication which caused de ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any rise to the above cause (A) she UNDERLYING CONDITION last. 11 OTHER SIGNIFICANT CONDITIONS CONTITIONS THE DEATH BUT NOT RELATED TO THE	o disease, ath.) of piving ating the	SURRAU (a) COUT	SE CARNOPULMON A CONSEQUENCE OF: ENTRICULARY TACK WAY ALLERY A CONSEQUENCE OF:	y Annythmil	3 110 000
ERTIFICA	19A-DATE OF OPERATION 19B CONDITION WAS PERFOR	TON POR W	VHICH OPERATION	20A. AUTOPSY? (Yes or No	208, IF YES, WERE FIN	NDINGS CONSIDERED SES OF DEATH?
CAL CER	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examined	21 & hometral	a form, factory, street, of	or about 21C, WHERE DID fice bidg. INJURY OCCUR?	(If In Boltimore	City, give exect location)
MEDIC	21D-TIME (Month) (Doy) (Yeot) (I OF INJURY (APPROX.)		INJURY OCCURED Ie At Not While K At Work	21F. HOW DID INJ	URY OCCUR?	
	22. I certify that (#) (this hospital) a that (1) (we) last saw the deceased of	alive an	3/4/	19 72 and th	1972 ta_ at in (mg) (our) opini	on death accurred on the date
	ond hour and from the causes stated 23A SIGNATURE AMAL MULLANG 23C. PHYSICIAN'S NAME (Type) JOHN C. RUCKD	lul	Atte Phys	nding Med.	Stoff Phys.	S-Y-72
24	A BURIAL CREMATION, 124B. DATE		ME of CEMETERY of CRE			town, or county) (State)
	REMOVAL (Specify) Burial 5-8-1972		dowridge Ceme			., Howard Co., Md.
25			of REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
VS	MAY 8 - 1972 Pales E	Jabe		Howard H. Hu	bbard, 4107	Wilkens Ave. 21229



FUNERAL DIRECTOR: IMPORTANT

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

M	X	~ 400E	BALTIMORE CITY	HEALTH I	DEPARTMENT			72 0	1305	
/// - 6/	0 72	04395	CERTIFICA	TE OF	DEATH	REG	. NO		1000	
NAME OF DE Type or Print)	CLARENC	E	W. MURPHY	7		4, 19			2:4	5 P.
3. PLACE IN BA	LTIMORE, MARYLAND, W	HERE PRONO	UNCED DEAD	4. USUAL A. STATE	RESIDENCE (W	here deceased I	lived. If ins	titution: residen	ce before	odmissio
FULL NAME OF	F (IF NOT IN HOSPIT. ADDRESS OR LOCA	AL OR INSTIT ATION)	UTION, GIVE STREET	Mary C. CITY OF		4	D. INSID	DE CITY LIMITS?	70	5
- 11					imore			YESX	NO 🗌	
34	Bon Secou	rs Hosp	ital	E. STREET	S. Full	on Avent	1e			
• SEX	6. RACE	7. MARRIED	NEVER MARRIED	8. DATE O		9. AGE (In y		If Under 1 Yr.	If Und	er 24 H Min.
Male	White	WIDOWED			-1904	67			1	
	CUPATION (Give kind of work of working life, even if retired)	10B, KIND OI	BUSINESS OR INDUSTRY	11. SIRTHP	LACE (Stole or I	oreign country)		12. CITIZEN C	FWHAT	COUNT
_	i Maintenance				Mary 1	and		U.S	.A.	
3. FATHER'S NA	AME			14. MOTH	ER'S MAIDEN N	IAME				
	Ezecial T.	Murph	v		Marv	E. P	rice			
5. Was Decease	d Ever in U. S. Anned Far	ces?	16. SOCIAL SECURITY NO.	17. INFORA	ANT			ADD	RESS	
No	in yes, give wer or dete	s of service,	218-10-3775	Mrs	Mildred	Murphy,	54 S	Fulton	Ave	212
TISE TO THER SIGN	OR CONDITIONS, if he obove couse (A) IG CONDITION lost. II IFICANT CONDITIONS CONTINUE TO THE BUT NOT RELATED TO THE	sloting the	(B)	a conseq	UENCE OF:					******
	CONDITION GIVEN IN PAR OF OPERATION 198. CON WAS PERI	T 1 (A).	WHICH OPERATION	20 A. AL	JTOPSY? (Yes or		S, WERE FI	INDINGS CON	SIDERED	
			PLACE OF INJURY (e.g., in the, farm, factory, street, of	n ar about 2 fice bldg., It	IC. WHERE DID	(If i	n Baltimore	City, give exac	t lacation)	
21D. TIME (Manth) (Day) (Year) (Hour) 21E.			ile AI Nat White		F. HOW DID	NJURY OCCUR	??			
22. I certify that (I) (this haspital) attended the deceased from May 2 19 22 to 19 22 that (I) (we) last sow the deceased alive on May 2 ond that in (my) (aur) apinion death accurred on the dot and hour and from the causes stated abave. (I) (We) (and) (did not) view the bady after death.										
23C. PHYSICI NAME	YES DER	reche	Ather Phys	nding A	Mød. Director	Stoff Phys. ard Stre		23B. DATE SIG	7:	
4A. BURIAL CR	EMATION, 24B. DATE	24C. N.	OEGREE			LOCATION		y, tawn, ar cour		(State)
REMOVAL	(Specify)								my,	(31018)
Burial	5-8-19	12 LO	udon Park Ceme	-	INFRAL DIRECT	altimore	, Mary		DDRESS	

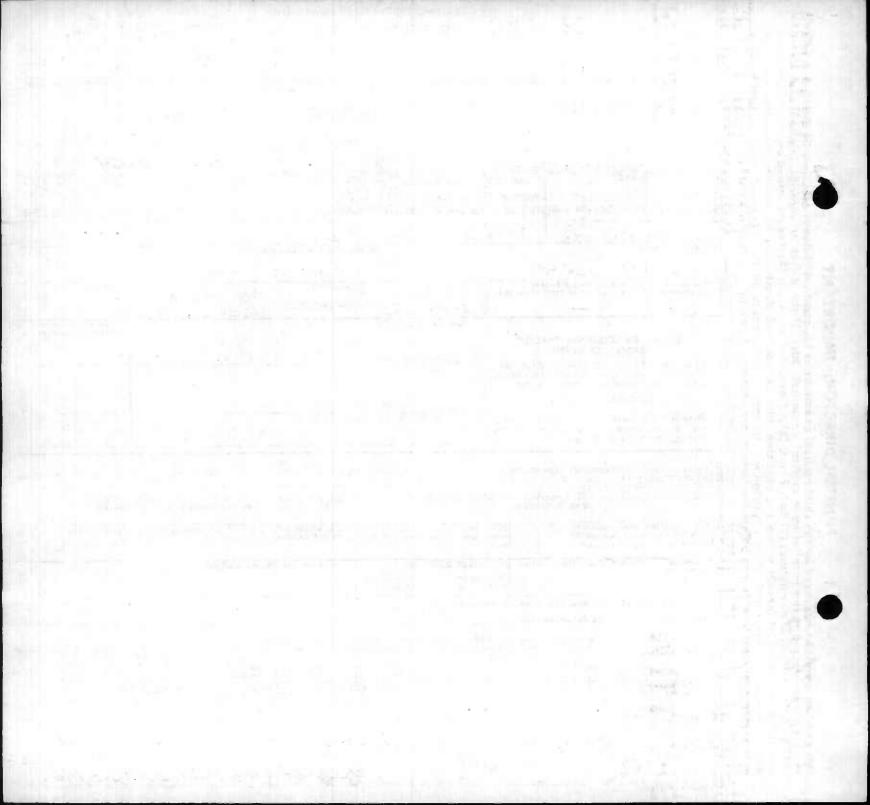
Robert E. Jaben M.B. ? MAY 8 - 1972 VS 150-REV. 1/1/68 Howard H. Hubbard, 4107 Wilkens Ave. 21229

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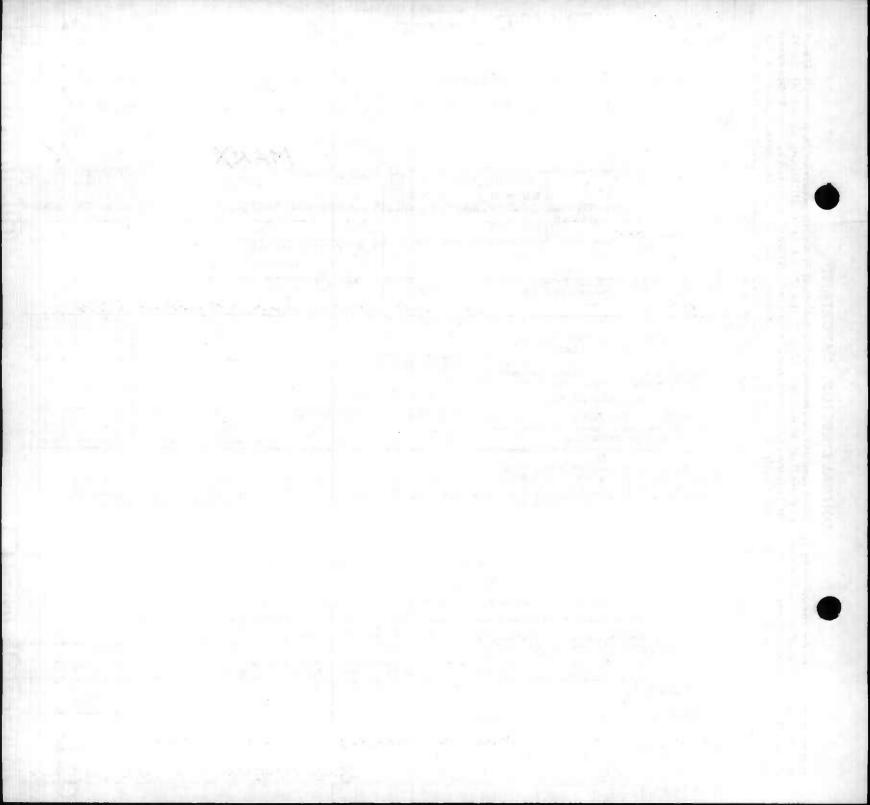
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		FUNERAL DIRECTOR: IMPORTANT	must be approved by the chief medical examiner or his assistant if death occurred in a hospital and released to the hospital by a medical examiner. Also, if the direct or contributing cause of death accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased a hospital (except where the physician who pronounced death was in regular attendance on the to death); and (6) No physician was in regular attendance on the deceased prior to death. Such all must be obtained before the remains are embalmed or final disposition is made.

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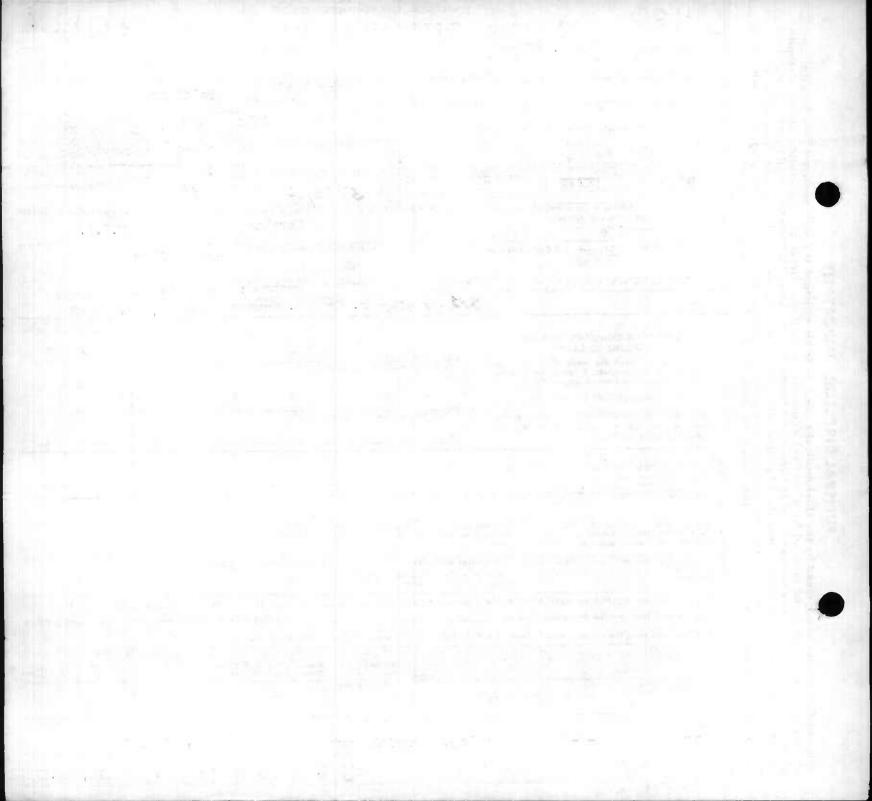
Such d in a hospital and ing cause of death cause; (5) Deceased LO death. attendance contributing cause 0 prior (4) Undetermined regular is mad deceased disposition death = MOS + h• direct assistant if death HO kind; or final attendance fracture of any pronounced embalmed regular the chief medical examiner examiner. who are 3 ... physician the remains Mas medical burns; No physician any nature; (2) Body the 8 before where the body was released to the hospital by obtained 9 approved (except and 90 o death) hospital must An accident certificate must 0 deceased prior to written approval 0 at D.O.A. shows: (1) Mas

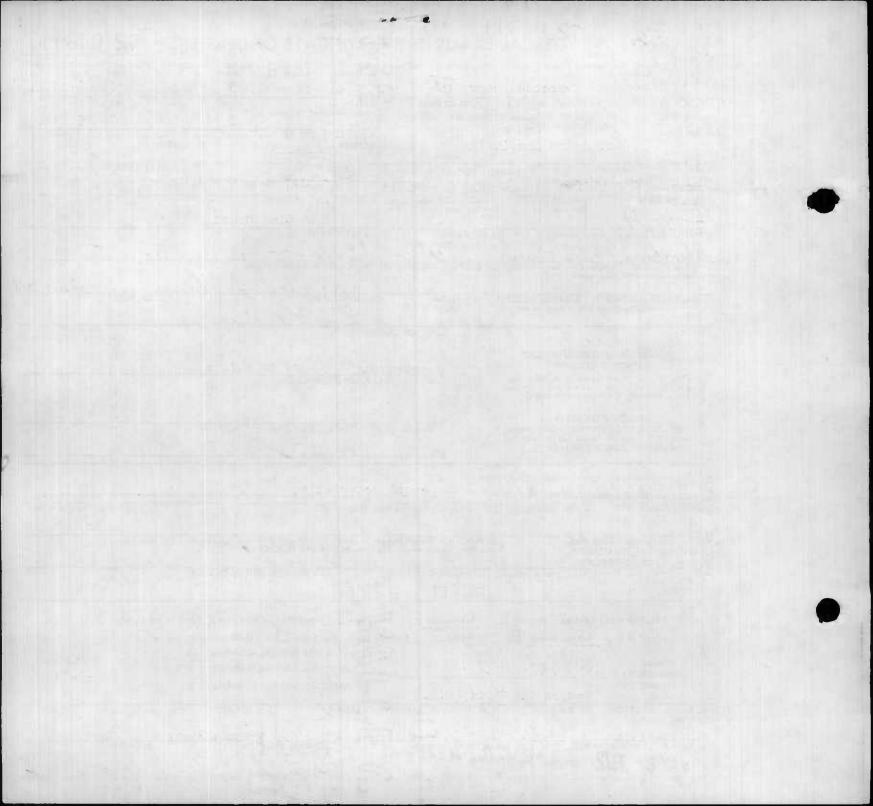
BALTIMORE CITY HEALTH DEPARTMENT BIRTH NO. RTIFICATE OF DEATH I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 4. USUAL RESIDENCE (Where deceased lived, If Institutions residence before admission) 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD A. STATE B. COUNTY 312MD FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C. CITY OR TOWN D. INSIDE CITY LIMITS? MOR NO E. STREET AND NUMBER 9. AGE (In y 5. SEX 6. RACE 8. DATE OF BIRTH II Under 1 YE Months Doys If Under 24 Hrs. MARRIED NEVER MARRIED WIDOWED DIVORCED 20 ICA. USUAL OCCUPATION (Give kind of work IDR, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE ISlate or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) PAINTER 13 FATHER'S NAME 15. Was Deceased Ever in U. S. Armed Forces? (Yas, no or unknown) Uf yes, give war or dates of service) 6. SOCIAL 17. INFORMAN ADDRESS SECURITY NO. 8663 216-01-VELLIE. CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OF CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, DUE TO, OR AS A CONSEQUENCE OF: Injury or complication which caused death.) ANTECEDENT CAUSES DUE TO, OR AS A CONSEQUENCE OF: DISEASES OR CONDITIONS, IF eny, giving rise to the above cause (A) stating the ERIOS CLEROTIC UNDERLYING CONDITION last CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes of No.) 20B, IP YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21A. A CCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218 PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID home, form, foctory, street, office bldg, INJURY OCCUR? (If In Boltimore City, give exact location) MEDICAL DEATH Inotify medical examined (Month) (Doy) (Year) (Houd 21E INJURY OCCURRED 215. HOW DID INJURY OCCUR? OF INJURY Not While While At | (APPROX.) At Work Work 1972 1972 22. I certify that (1) (this hospital) attended the deceased from 1972 that (1) (we) lost saw the deceased office on and that in (my) (our) opinion death occurred on the date and have and from the causes stated above. (1) (We) (did) (did not) view the body after death. 23A. SIGNATURE 23 L DATE SIGNED Attending Med. Phys. 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type) DEGREE 24A. BURIAL CREMATION. 24C. NAME OF CEMETERY OF CREMATORY 24B. DATE 24D. LOCATION (Stote) (City, town, or county) REMOVAL (Specify) 10ALTO. (AKKUDOD CEMETERY 25A. DATE REC'D BY HEALTH DEPT. 258 NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS VS 150-REV. 1/1/68



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1	2-100	BALTIMORE CITY	Y HEALTH DEPARTMENT	
			TE OF DEATH X REG. NO.	2 04398
	pe or Print) EDNA BO	wers OERS	2. DATE AND HOUR OF DEATH May 3,1972	1 8:30 A
3.	PLACE IN BALTIMORE, MARYLAND, WHER	E PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution	: residence before admission)
H	JLL NAME OF (IF NOT IN HOSPITAL OF ADDRESS OR LOCATION	OR INSTITUTION, GIVE STREET	Mayland Baltimore	5 3
1	Church Home & H	lospi/fal	Buttimise YES	NO FT
L	Church Hone	+ Hospital	E. STREET AND NUMBER 2634 Liberty Par 2 634 Reporty Parking	kway 1222
	Female White w	MARRIED NEVER MARRIED DIVORCED DIVORCED	0/20/14	der 1 Yr. If Under 24 Hrs. Hours Min.
doi	A. USUAL OCCUPATION (Give kind of work 10 B, ne during most of working life, even if refired) Housewife	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. C Maryland	M.S.A.
13.	Albert Weint Winberger		Suran Keller	
15. fre	Was Deceased Ever in U. S. Armed Forces? s,no or unknown)[III yes, give war or doles of	service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT Husband: 2624 Tibor	ty Parkway
	No	212-18-4035	Mr. Carl H. Bowers Dundalk, M	d. 21222
	DISEASE OR CONDITION DIRECT	CAUSE OF DEAT	н	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	LEADING TO DEATH (This does not mean the mode of dying	(A) IMMEDIATE CAL		1m0.
	heart failure, asthenia, etc. It means the injury or camplication which caused dea	disease.	A CONSEQUENCE OF:	9 mac
	ANTECEDENT CAUSES	wide	greai melactalii color	Ca.
	DISEASES OR CONDITIONS, if any,	giving	A CONSEQUENCE OF:	***************************************
	rise to the above cause (A) state UNDERLYING CONDITION last.	(C)		
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5	OTHER SIGNIFICANT CONDITIONS CONTRI	RMINAL		
CERTIFICATION	19A-DATE OF OPERATION 19B CONDITION WAS PERFORM	A). ON FOR WHICH OPERATION	20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDING IN CERTIFYING CAUSES OF	S CONSIDERED DEATH?
CAL CE	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (nosity medicof examine)	21B PLACE OF INJURY (e.g., i home, form, foctory, street, of etc.)	n or obout 21 C. WHERE DID Uf in Beltimore City, o	ive exact location)
MEDI	21 D. TIME (Month) [Doy) (Year) (He OF INJURY (APPROX.)	While At Not While Work At Work	216. HOW DID INJURY OCCUR?	
	22. I certify that (I) (this hospital) at			19
			19and that in(my) (our) apinion de	ath occurred on the date
	and hour and from the causes stated o			
	23A. SIGNATURE	2/ 40	P At 1	ATE SIGNED
	"Lemma / - Ma	DEGREE Phys		lay 3, 1972
	23C. PHYSICIAN'S NAME (Type) Henny P IND	OCOS M.Q	Church fome & An	pitel
24/	REMOVAL (Specify) 248, DATE	24C. NAME of CEMETERY of CRE	MATORY 24D. LOCATION (City, town,	or county! (State)
	Burial 5-6-72	Moreland Memori	al Park Baltimore, Maryl	and
254		HAME OF REGISTRAN	John & Duda 3922 Wise Ave. I	ADDRESS Jundalk, Md.21222
VS	150-REV. 1/1/68			





SIRREN NO. CERTIFICATE OF DEATH RECONDITION THANKE OF DESCRETATIO THANKE OF DESCRETATION THANKE OF PARIOD THANKE O		11)-614 72 04400 BALTIMORE CITY HEALTH DEPARTMENT 72 04400
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V\$ 150-REV. 1/1/68		MAY 8 - 1972 Pale BE Jall 10 0 1 N Bezer Puneral Home 3035 W. NOW Sh

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death was blows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased beceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death).

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DIE	TH NO.	4401		CERTIFIC	ATE OF DEATH	REG. NO.		
	AME OF DECEA	\SED				AND HOUR OF DEA	*M	
(Ty	po or Print)	GEORG	F	CARTE	R	MA A A	19721 /	2:15
3.	PLACE IN BALTIA	·	WHERE PRONOU	INCED DEAD	4. USUAL RESIDENCE IN	here deceased lived. I	I institution; residence	o before odmissi
					A. STATE B. CO	ואווו	-	on like "
HC	LL NAME OF	ADDRESS OR LO	TTAL OR INSTITU CATIONI	TION, GIVE STREET	Mary	and		8 /-
IN:	NOITUTION	S-1 1	3	. 1	C. CITY OR TOWN	0. 1	NSIDE CITY EIMITS?	
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10A	USUAL OCCUP	ATION (Give kind of we	ork 108, KIND OF		RY 11. BIRTHPLACE (State or I	oteign country)	112. CITIZEN OF	WHAT COUN
don	during most of wor	rking the, even if retired)		1//	1	U.S.A.	
12	FATHER'S NAME	ed				nea	U.S.A.	
4 699	Henry		Cart	er	Rachael	IAME		
			Oalt	- W-E			mt to	
15. Yes	Was Deceased Ev	rer in U.S. Armed for I yes, give war or da	orces?	1 & SOCIAL SECURITY NO.	17. INFORMANT. Mar:	le Carter	\$504 IARP	Wiw Ave
	no			217-11-9	7027	111.110	1 11	217
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MEDICAL CERTIFICA	heart failure, as injury or compliant of the control of the UNDERLYING (OTHER SIGNIFICATION TO THE DEATH IN DISEASE OR CONTRIBUTION OR CONTRIBUTION CONTRIBUTION (APPROX.) 21. A CCIDENT OR CONTRIBUTION (APPROX.) 22. I certify that (I) (we) In and hour and find the control of the control o	ithenia, etc. It mean cation which cause traction which cause tractions which cause tractions are cause (A) CONDITIONS, if above cause (A) CONDITION last. ANT CONDITION S CO	any, giving the staling the st	(B) DUE TO, OR A (B) DUE TO, OR A (C) PLACE OF INJURY (e.g., form, foctory, sheet, form, foctory, fo	S A CONSEQUENCE OF: S A CONSEQUENCE OF: 20 A. AUTOPSY? (Yes or Line of the bldg.) INJURY OCCUR? 21 F. HOW DID II 22 F. HOW DID II 32 F. HOW DID II 42 F. HOW DID II 43 F. HOW DID II 44 F. HOW DID II 45 F. HOW DID II 46 F. HOW DID II 47 F. HOW DID II 48 F. HOW DID II 49 F. HOW DID II 40 F. HOW DID II 40 F. HOW DID II 41 F. HOW DID II 42 F. HOW DID II 43 F. HOW DID II 44 F. HOW DID II 45 F. HOW DID II 46 F. HOW DID II 47 F. HOW DID II 48 F. HOW DID II 49 F. HOW DID II 49 F. HOW DID II 40 F. HOW DID II 40 F. HOW DID II 40 F. HOW DID II 41 F. HOW DID II 42 F. HOW DID II 44 F. HOW DID II 45 F. HOW DID II 46 F. HOW DID II 47 F. HOW DID II 48 F. HOW DID II 49 F. HOW DID II 40 F. HOW DID II 41 F. HOW DID II 41 F. HOW DID II 42 F. HOW DID II 43 F. HOW DID II 44 F. HOW DID II 45 F. HOW DID II 46 F. HOW DID II 47 F. HOW DID II 47 F. HOW DID II 48 F. HOW DID II 48 F. HOW DID II 49 F. HOW DID II 49 F. HOW DID II 40 F. HOW DID II 41 F. HOW DID II 41 F. HOW DID II 41 F. HOW DID II 42 F. HOW DID II 43 F. HOW DID II 44 F. HOW DID II 45 F. HOW DID II 46 F. HOW DID II 47 F. HOW DID II 48	IN CERTIFIENC (If In Boltin NJURY OCCUR? 19	Solved,	locotion) 19 7 urred on the d ED / 7 2- (212
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MEDICAL CERTIFICA	heart failure, as injury or compliant of the compliant of the UNDERLYING (OTHER SIGNIFICATION THE DEATH I DISEASE OR CON 19 A. DATE OF ON 19 A. DATE OF OR CONTRIBUTING PARTICIPATION (APPROX.) 21 A. ACCIDENT OR CONTRIBUTING (APPROX.) 21 Certify the contribution of	ANT CONDITIONS, if above cause (A) CONDITIONS, if above cause (A) CONDITION lost. ANT CONDITION SCANDITION SCANDITION GIVEN IN PAPERATION 178 CONDITION GIVEN IN PAPERATION 178 CONDITION GIVEN IN PAPERATION 178 CONDITION CAUSE OF edical examines of the causes start the causes start for the cause st	any, giving any, giving staling the contributing the contributing the contributing the contributing the contribution for ward thought the contribution for ward attended the contribution to the contribution of the contribution	DUE TO, OR A (B) DUE TO, OR A (C) WHICH OPERATION PLACE OF INJURY (e.g., form, foctory, sheet, form, fo	S A CONSEQUENCE OF: S A CONSEQUENCE OF: 20A. AUTOPSY? (Yes of Property of Pr	IN CERTIFIENCE (If In Boltin NJURY OCCUR? 19	causes of Death: more City, give exact Solution death according to the sign and sign according to the sign ac	locotion) 19 7 urred on the d ED / 7 2- (212
MEDICAL CERTIFICA	heart failure, as injury or compliant of the UNDERLYING (OTHER SIGNIFICATO THE DEATH INTERPOLATE OF CONTRIBUTION OR CONTRIBUTION CONTRIBUTION (APPROX.) 21D. TIME (APPROX.) 22. I certify the that (I) (we) In and hour and find the contribution of the contribution o	ANT CONDITIONS, if above cause (A) CONDITIONS, if above cause (A) CONDITION lost. ANT CONDITION SCANDITION SCANDITION GIVEN IN PAPERATION 178 CONDITION GIVEN IN PAPERATION 178 CONDITION GIVEN IN PAPERATION 178 CONDITION CAUSE OF edical examines of the causes start the causes start for the cause st	any, giving any, giving staling the ontributing the ontributing the ontributing the terminal with the ontribution of the terminal work of the ontribution of the ontr	DUE TO, OR A (B) DUE TO, OR A (C) WHICH OPERATION PLACE OF INJURY (e.g., form, foctory, sheet, form, fo	S A CONSEQUENCE OF: S A CONSEQUENCE OF: 20A. AUTOPSY? IVes or 20A. AUTOPSY? IVes or 21F. HOW DID II 21F. HOW DID II 21F. HOW DID II 22F. HOW DID II 23D. ADDRESS 23D. ADDRESS 23D. ADDRESS 24D. 1 Pk. Inc.	IN CERTIFIENCE (If In Boltin NJURY OCCUR? 19	causes of Death: more City, give exact S S spinian death accidents 23R DATE SIGN Block (City, town, or county Maryland	locotion) 19 7 urred on the d ED / 7 2 (Z / 2 (Stole)

approved by the chief medical examiner or his assistant if death occurred in a hospital and	to the hospital by a medical examiner. Also, if the direct or contributing cause of death of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	al (except where the physician who pronounced death was in regular attendance on the	embalmed or final disposition is made.
This certificate must be approved by the chief medical examina	the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature: (2) Body burns: (3) A fracture of any kind: (4) Undetermined cause: (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the decenced prior to death), and (A) No physician who pronounced death was in regular attendance on the	written approval must be obtained before the remains are embalmed or final disposition is made.

par		BALTIMORE CIT	Y HEALTH DEPARTMENT		12 09402
	3 72 04402	CERTIFICA	TE OF DEATH	REG. NO	· · · · · · · · · · · · · · · · · · ·
BIRTH NO.	DECEASED	0		ID HOUR OF DEATH	
Type or Print)		BUCHWAI		6. 1972	1 1
3. PLACE IN	BALTIMORE MARYLAND, WHERE P	RONO UN CED DEAD		re deceased lived. If	institution: residence before admission
FULL NAME	R ADDRESS OR LOCATION)	INSTITUTION, GIVE STREET	Maryland .		SIDE CITY LIMITS?
NOITUTION		2 0.		U. IIN	
00	631 N. Benta	alou St.	Baltimore E. STREET AND NUMBER		YES & NO
				talou St.	
male		RRIED NEVER MARRIED DIVORCED DIVORCED	July 5. 1894	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 H Months Doys Hours Min.
OA. USUAL C	OCCUPATION (Give kind of work 108, KII			ign country)	12. CITIZEN OF WHAT COUNT
lone during mo	ost of working life, even if retired)	etal Worker	Maryland		U.S.A.
3. FATHER'S	NAME		14. MOTHER'S MAIDEN NAM	ME	
	rederick G. Buch	wald	Margaret	ha ?	72 DESIG
S. Wos Dece Yes, no or unk	nown) (If yes, give wor or dotes of se	rvice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
Yes	WW 1		Philena H.	Buchwald	Same as Above
DISEASE	ANTECEDENT CAUSES S OR CONDITIONS, il any,	(B)	•••••••••••••		
iise ta	the above cause (A) stating YING CONDITION last.	3 3	A CONSEQUENCE OF:		
UNDERL	the above cause (A) stating YING CONDITION last. II GNIFICANT CONDITIONS CONTRIBUDEATH BUT NOT RELATED TO THE TERM	(c)	S A CONSEQUENCE OF:		
OTHER SIGNATURE TO THE IDEASE	the above cause (A) stating YING CONDITION last.	TING	20A. AUTOPSY? (Yes or No	208. IF YES, WERE IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?
OTHER SIGN TO THE CONTROL OF THE CON	the abave cause (A) stating YING CONDITION last.	TING	20A. AUTOPSY? (Yes or No		E FINDINGS CONSIDERED AUSES OF DEATH?
OTHER SIGNATION OF CONTRACT OF	the abave cause (A) stating YING CONDITION last.	TING INAL FOR WHICH OPERATION 21B. PLACE OF INJURY (e.g., home, form, foctory, street, oetc.)	20A. AUTOPSY? (Yes or No in or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?	(tf in Boltime	
OTHER SIGN OF THE CONTROL OF THE CON	the above cause (A) stating YING CONDITION last. II GNIFICANT CONDITIONS CONTRIBU DEATH BUT NOT RELATED TO THE TERM OR CONDITION GIVEN IN PART 1 (A). E OF OPERATION 19B. CONDITION WAS PERFORMED CIDENT WAS UNDERLYING TRIBUTING CAUSE OF notify medical examines) E (Month) (Day) (Year) (House RY)	TING OTHER TING TING TING TING TING TING TO WHICH OPERATION TO STREET 20A. AUTOPSY? (Yes or No in or about 21 C. WHERE DID ffice bldg., INJURY OCCUR?	(tf in Boltime	ore City, give exact location)	
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OTHER SIGNATION OF INJURY (APPROX.) 21 A. ACCOME (APPROX.) 22. 1 certhat (I) (and hour	the above cause (A) stating II (CONDITION last. II GNIFICANT CONDITIONS CONTRIBU DEATH BUT NOT RELATED TO THE TERM OR CONDITION GIVEN IN PART 1 (A). IE OF OPERATION 19B. CONDITION WAS PERFORMED CIDENT WAS UNDERLYING TRIBUTING CAUSE OF notify medical examines) E (Month) (Day) (Year) (Houring Condition) E (Month) (Day) (Year) (Houring Condition) Triffy that (1) (this haspital) attention (we) last saw the deceased allower and fram the causes stated about the condition of the	TING TING TING TING TING TING TING TO WHICH OPERATION TO STREET TO S	20A. AUTOPSY? (Yes or No in or obout 21 C. WHERE DID Affice bldg., INJURY OCCUR? 21F. HOW DID INJ 19 72 and the view the bady after death. anding Med. Director 23D. ADDRESS	(If in Boltime URY OCCUR? 19 48 to at In (my) (aur) ap	May 6th 19.72 Dinian death accurred an the d 23B. DATE SIGNED May 6th, 1972
NO THER SIGN TO THE SIGN TO TH	the above cause (A) stating II CONDITION last. II GNIFICANT CONDITIONS CONTRIBU DEATH BUT NOT RELATED TO THE TERM OR CONDITION GOVERN IN PART 1 (A). E OF OPERATION 19B. CONDITION WAS PERFORMED CIDENT WAS UNDERLYING TRIBUTING CAUSE OF notify medical examiner) E (Month) (Day) (Year) (Houring) Triffy that (1) (this haspital) attention (we) last saw the deceased allower and from the causes stated about the country of	TING TING TING TING TING TING TING TO A THE TO A THE TION	20A. AUTOPSY? (Yes or No in or about 21C. WHERE DID office bidg., INJURY OCCUR? 21F. HOW DID INJ 19 72 and the view the bady after death. 23D. ADDRESS EMATORY 24D. LG	(If in Boltime URY OCCUR? 19 48 to	May 6th 19.72 Dinion death accurred on the d 23B. DATE SIGNED May 6th, 1972 Ave, Balto, Md. City, town, or county) (Stote)
OTHER SIGN OTHER SIGN OF CONTROL	the above cause (A) stating II CONDITION last. II GNIFICANT CONDITIONS CONTRIBU DEATH BUT NOT RELATED TO THE TERM OR CONDITION GIVEN IN PART 1 (A). E OF OPERATION 19B. CONDITION WAS PERFORMET CIDENT WAS UNDERLYING TRIBUTING CAUSE OF notify medical examines) E (Month) (Day) (Year) (Houring) Trify that (1) (this haspital) attent (we) last saw the deceased allower and from the causes stated about the country of the	TING TING TING TING TING TING TOR WHICH OPERATION TORWHICH	20A. AUTOPSY? (Yes or No lin or obout 21 C. WHERE DID office bldg., INJURY OCCUR? 21F. HOW DID INJ 19 72 and the view the bady after death. 23D. ADDRESS EMATORY 24D. Li	(If in Boltimo	May 6th 19.72 plinian death accurred an the d 238. DATE SIGNED May 6th, 1972 Ave, Balto, Md.

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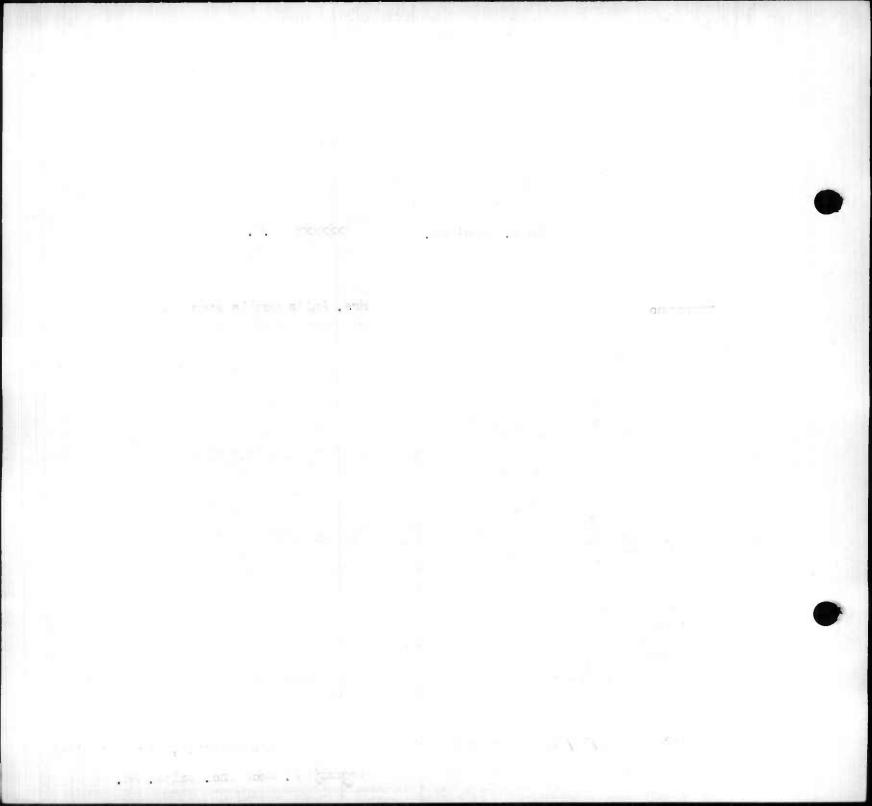
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

11) 411/ 1900 0130	BALTIMORE CITY	HEALTH DEPARTMENT		72 04403 °F
W-614 72 0440	3 CERTIFICA	TE OF DEATH	REG. NO.	12 04100
I, NAME OF DECEASED			D HOUR OF DEATH	
(Type or Print) BABY GIRL	MARRIEIN		3-72	50
3. PLACE IN BALTIMORE, MARYLAND, WHERE PROP		4. USUAL RESIDENCE (When	e deceased lived, If ins	titution; residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR INS ADDRESS OR LOCATION)	TITUTION, GIVE STREET	c. CITY OR TOWN	Baltono D. (NSID	E CITY LIMITS?
Johns Hopkins H	ospital	E. STREET AND NUMBER		YES NO D
30		1626 W	. Baltu	more St
5. SEX 6. RACE 7. MARRIE WIDOW	DIVORCED DIVORCED	8. DATE OF BIRTH 51172	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIND	OF BUSINESS OR INDUSTRY	1(. BIRTHPLACE (State or forei	gn Country)	12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired)		BALTIMORE CI	Re and	US.A
13. FATHER'S NAME CHRISTOPHER I		14. MOTHER'S MAIDEN HAN	LDINE DIXC	ON
		17. (NFORMANT	cerne 1	warfield
15. Wes Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) liff yes, give wor or doles of service	SECURITY NO.		teren	ADDRESS
18. 7 5 / 1/1	CAUSE OF DEAT			APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY			,	BETWEEN ONSET AND DEATH
LEADING TO DEATH	(A) IMMEDIATE CAL	se jejeunas	atresio	2 days
(This does not mean the mode of dying, e. heart failure, asthenia, etc. It means the diseas	C. DUETO ODAS	A CONSEQUENCE OF:	***************************************	
injury ar camplication which caused death.)				
ANTECEDENT CAUSES	(B)			
DISEASES OR CONDITIONS, if any, giving it is to the above cause (A) stating it	ng DUE TO, OR AS	A CONSEQUENCE OF:		
UNDERLYING CONDITION last	(C)			
11				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMINA DISEASE OR CONDITION GIVEN IN PART 1 (A).	g Ser	sis; ens	bleed	***************************************
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMINA DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 198. CONDITION FO WAS PERFORMED WAS PERFORMED	0 4	20A. AUTOPSYZ (Yes or No.) Yes	IN CENTEN WERE FILL	NDINGS CONSIDERED SES OF DEATH?
U 21A ACCIDENT WAS UNDERLYING T	IR PLACE OF INJURY (e.g., i	n or about 21 C. WHERE DID	(II In Boltimore	City, give exect location)
C DEATH (notify medical examined c	ome, farm, factory, street, ol	fice bidg. INJURY OCCUR?	_	
S OF INJURY	1E INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
	While At Not While Not Work	° 🗆 📗	***************************************	
22. I certify that (I) (this hospital) attended	the deceased from	may 3	97710	2 1977
that (1) (we) last saw the deceased alive or				on death occurred an the date
and hour and from the causes stated above	(I)(We) (did not) v	lew the body after death.		38 DATE SIGNED
Parly Tais	Ma Atte	nding Med.	Stoff C	ALAIDO
23C.PHYSICIAN'S	Phys	Director L 1	Phys. L.J	5131.72
NAME (TYRAY W. Tripp,	M.D.	Johns N	opkims	Hospital
24A. BURIAL CREMATION, 24B. DATE 24C.	NAME OF CEMETERY OF CRE	MATORY 24D, LO	CATION (City,	, town, or county) (State)
Cremation 5/12/72	Johns Hopkins	Hospital 60	1 N. Broad	dway Balto., Md.
MAY 15 1972 256 NAMI	E OF REGISTRAR	25C. FUNERAL DIRECTOR	ATTO A TO THE	POSAL
V\$ 150-REV. 1/1/68	A. A. A.		DIOI	UDALI

Census track corrected to 1901

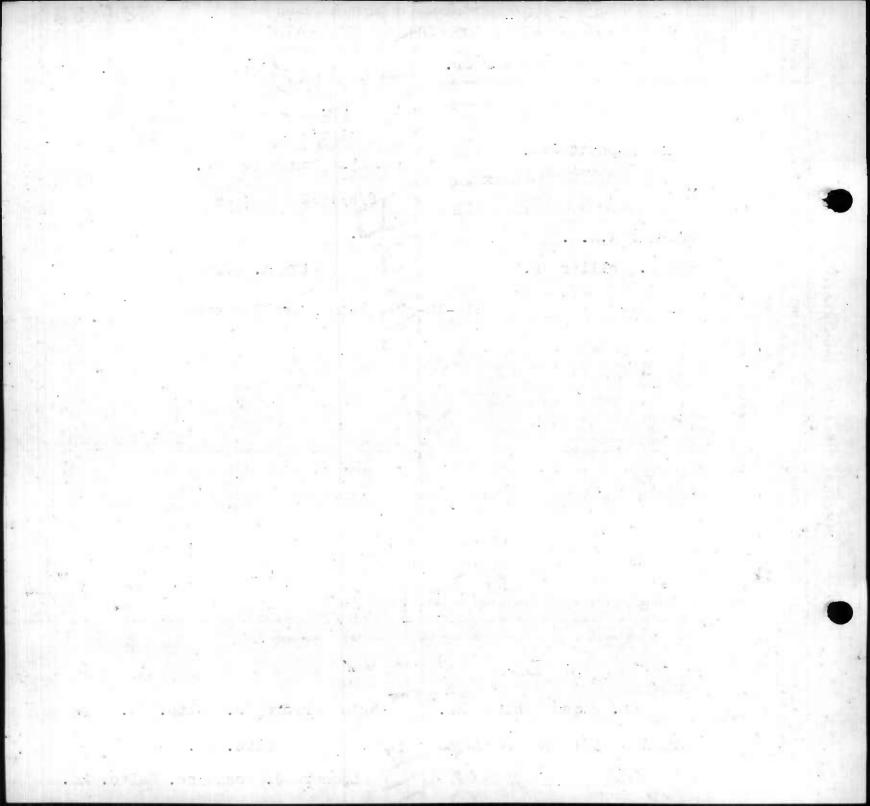
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH (5) Deceased Such and of death Wesley I. NAME OF DECEASED 2. DATE AND HOUR, OF DEATH E O (Type or Print) hospital death. 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, I(institution: residence before admission A. STATE

B. COUNTY attendance cause SEVER FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) (4) Undetermined cause; C. CITY OR TOWN 0 0 D. INSIDE CITY LIMITS? SEVERI = YES NO V prior contributing E. STREET AND NUMBER occurred disposition is made. regular MEADE 8. DATE OF BIRTH MARRIED NEVER MARRIED 9. AGE (In years Il Under 1 Tr. Months: Doys deceased lost birthday Hours WIDOWED DIVORCED 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? death Ξ done during most of working life, even if retired) Beth. Steel Co. 0 SHOP STEWARD Was 13. FATHER'S NAME the 14. MOTHER'S MAIDEN NAME LYNKOW A KNDIDA assistant eath On kind; 15. Was Deceased Ever in U. S. Armed Forces 6. SOCIAL 17. INFORMANT ADDRESS (Tes, no or unknown) (II yes, give wor or doles of service) final SECURITY NO. attendance Mrs. Anita Humble same / ASSOCIOUNG ō 22 any pronounced 0 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed (3) A fracture of LEADING TO DEATH (This does not mean the mode of dying, e.g., examiner ular heart foilure, osthenio, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES regi who (B).
DUE TO, OR AS A CONSEQUENCE OF: Gre DISEASES OR CONDITIONS, if ony, giving rise to the above couse (A) stoling the Ξ where the physician UNDERLYING CONDITION Jost remains the body was released to the hospital by a medical shows: (1) An accident of any nature; (2) Body burns; Was 11 CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING physician TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). the 1198 CONDITION FOR WHICH OPERATION 19A. DATE OF OPERATION 20A. AUTOFST? (Yes or No) 208 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED before 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21& FLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, loctory, street, office bldg., INJURY OCCUR? (II In Baltimore City, give exoct location) ž MEDICAL DEATH (notify medical examined obtained 21 D. TIME (Month) (Doy) (Tear) (Hour) 21 E INJURY OCCURRED 9 21F. HOW DID INJURY OCCUR? approved OF INJURY (except While At Not While (APPROX.) and Work Al Work 22. I certify that 🗗 (this hospital) attended the deceased from must be that (we) last saw the deceased office on and that in (asy) (our) apinion death occurred on the date hospital death) and haur and from the couses stated obove. (We) (did) (disport view the body ofter deoth. 23A. SIGNATURE 23 B. DATE SIGNED Attending 2 Med. approval 8 23 C. PHYSICIAN'S prior 23 D. ADDRESS ŧ NAME (Typel D.O.A. deceased 24A. BURIAL CREMATION. REMOVAL (Specily) 5/10/72 Mountain Rest Kings Mountain, North Carolina Mas 25A. DATE REC'D BT HEAL NAME OF REGISTRAR 25C. FUNERAL DIRECTOR Lennard J. Ruck Inc. Balto. Md. VS 150-REV. 1/1/68



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e approved by the chief medical examiner or his assistant if death occurred to the hospital by a medical examiner. Also, if the direct or contribution of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined and (except where the physician who pronounced death was in regular th); and (6) No physician was in regular attendance on the deceased pribe obtained before the remains are embalmed or final disposition is made.
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his certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and he body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death hows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased vas D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such vritten approval must be obtained before the remains are embalmed or final disposition is made.
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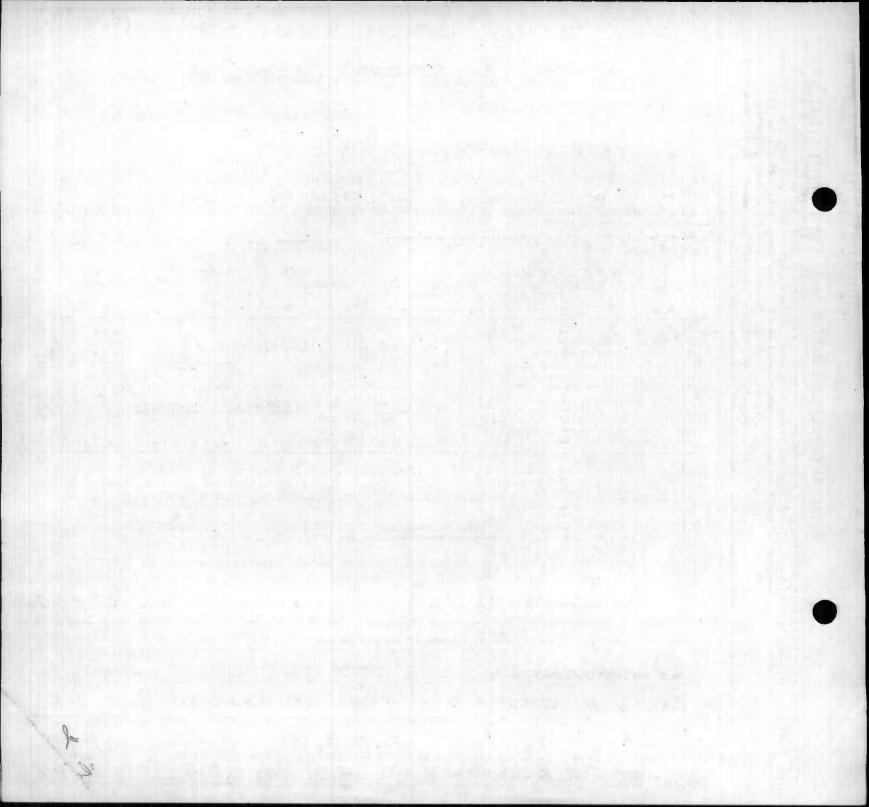
0 11/d 30 011 B	ALTIMORE CITY H	EALTH DEPARTMENT		72 04405
C'-460 72 04405	ERTIFICAT	E OF DEATH	REG. NO	1 0 1 x 1 1 0
BIRTH NO.			ND HOUR OF DEATH	
(Type or Print) Roy Frank Collier Jr			5/72	1/ F. M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED		STATE B. COUL		stitution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, OF ADDRESS OR LOCATION)		Md . CITY OR TOWN	D. INS	SIDE CITY LIMITS?
[0]	-	Baltimore STREET AND NUMBER		YEXX NO [
4508 Hampnett Ave.		4508 Hampne	ett Ave.	
S. SEX 6. RACE 7. MARRIED X NEV	ER MARRIED B.	DATE OF BIRTH	9. AGE (In years	If Under 1 Yr., If Under 24 Hrs. Months: Doys Hours Min.
M WIDOWED	DIVORCED [8	3/8/1922	lost birthdoy) 49	
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINE done during most of working life, even if retired)	SS OR INDUSTRY 11.	BIRTHPLACE (Stote or for	eign country)	12. CITIZEN OF WHAT COUNTRY?
Engineer A.A.I.		/Id.		USA
13. FATHER'S NAME	14.	MOTHER'S MAIDEN NA	ME	
Roy F. Collier Sr.			4. Gritz	
	URITY NO.	INFORMANT		ADDRESS
		Ruth L Coll	lier same	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	AUSE OF DEATH	PARTITION O	te hisie.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(This does not mean the mode al dying, e.g., heart loiture, osthenio, etc. II means the disease,	(A) IMMEDIATE CAUSE DUE TO, OR AS A C	ONSEQUENCE OF	Multi li	
injury ar complication which coused death.)				
ANTECEDENT CAUSES	(B)	~~~~~~~~~~~		
	DUE TO, OR AS A	CONSEQUENCE OF:		
rise to the above cause (A) stating the UNDERLYING CONDITION lost.	c)			
П				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 1994. DATE OF OPERATION 1998. CONDITION FOR WHICH WAS PERFORMED				
DISEASE OR CONDITION GIVEN IN PART 1 (A).				
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH	OPERATION	20 A. AUTOPSY? (Yes or N	IN CERTIFYING CA	FINDINGS CONSIDERED
OR CONTRIBUTING CAUSE OF home, form,	of thijury (e.g., in o fectory, street, office	r obout 21C. WHERE DID bldg., INJURY OCCUR?	(If in Baltimo	re City, give exact location)
O 21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY	OCCURRED	21F. HOW DID IN	JURY OCCUR?	
OF INJURY (APPROX.) White At	Not While [A .	,
22. I certify that (1) (this haspital) attended the dece	ased from	1968	19 to 1/4	tej 6 1972.
I//A	34 3	1972 and t	hat in (my) (arr) opi	inlon death accurred on the date
ond hour and fram the causes stoted obove. (1) (We)	(did) (did nat) vie	w the body after death.		
23A SIGNATURE DI LIGITI DI	Attendi	ng Med.	Staff	Mari & Sang
23C. PHYSICIAN'S NAME (Type)	OEGREE Phys.	D. ADDRESS	Phys. —	1111/12
	D. DEGREE	214 Harford		City, town, or county) (Stote)
Burial 5/10/72 Parkwo	ood	BE 2SC. FUNERAL DIRECTO	alto. Md.	ADDRESS
		1 0	0	
MAY 9 - 1972 Ber & Jaber A. VS 150-REV. 1/1/68		Leonard J.	URuck Inc	. Balto. Md.



A-265 72 04406	BALTIMORE CITY	HEALTH DEPARTMENT		72 04406
17-56) BIRTH NO.	CERTIFICA	TE OF DEATH	REG. NO.	100
I. NAME OF DECEASED		2. DATE AND	HOUR OF DEATH	45
Type or Print)	2 doon	5/	6/72	J TP
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUND	CED DEAD	4. USUAL RESIDENCE (WWere	deceased lived. If instit	ution: residence before admission
		A. STATE		2005
ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)	ON, GIVE STREET	C. CITY OR TOWN	In INSIDE	CITY LIMITS?
(20) Pluna Que.	ciq	-R. Ot in		ES NO
60 / Private Car.	212011	E. STREET AND NUMBER	45.4	
Reone Washington Carver	nurseing Home	2648 St. B	enedictis	t 21223
SEX 6. RACE 7. MARRIED	NEVER MARRIED		AGE (In years I birthday)	f Under 1 Yr. If Under 24 Hrs Nonths Days Haurs Min.
WIDOWED A	DIVORCED	8/7/1820	91-	
DA. USUAL OCCUPATION (Give kind of work 108, KIND OF BL	SINESS OR INDUSTRY	11. BIRTHPLACE or lareign	country)	2. CITIZEN OF WHAT COUNTR
one during most of working life, even if retired)	lome	med.		~/ C A
FATHER'S NAME	ome	14. MOTHER'S MAIDEN NAME		N. N.71.
Δ.		A A	_ , _ /	
unknown		(-athernal)	Hawker	
S. Was Deceased Ever in U. S. Armed Farces? (es, no or unknown) (If yes, give wor or dates of service)	SECURITY NO.	17. INFORMANT	<u> </u>	ADDIESS
9	19-10-6419	mrs 2:00.	Tetto	
18. // / 7 2 1	CAUSE OF DEATH	AVPERTENSIV	- www	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY	ARTERIOS	7/// 54	CARDIA.	C BETWEEN ONSET AND DEA
LEADING TO DEATH	(A) IMMEDIATE CAU	LIC = DI	5	
(This does not meon the mode of dying, e.g.,		A CONSEQUENCE OF:	1 -247	
heart failure, astheria, etc. It means the disease, injury or complication which coused death.)	CONG	ESTIVE T	tomat	
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rise to the obove couse (A) stoting the	KEC	TAL PUL	4PS	
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, II	W	of ofter	011 000	A LOUIS
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL				
✓ DISEASE OR CONDITION GIVEN IN PART 1 (A).	1011 0000 1000	120 A	008 15 450 14505 544	
19A. DATE OF OPERATION 19B. CONDITION FOR WH	ICH OPERATION	20A. AUTOPSY? (Yes at Na)	IN CERTIFYING CAUSI	ES OF DEATH?
21A. ACCIDENT WAS UNDERLYING 121B. PL	ACE OF INITION (s. s.)	NO O	116 1 - 9 - hr	**************************************
OR CONTRIBUTING CAUSE OF home,	form, factory, street, of	n or about 21C. WHERE DID ince bidg., INJURY OCCUR?	(if in saltimore C	City, give exact location)
DEATH (natify medical exominer) etc.)				
U OF INJURY	IJURY OCCURRED	21 F. HOW DID INJUI	Y OCCUR?	
(APPROX.) While	At Wark	e 🗌		
22. I certify that (1) this hospital attended the	deceased from	4-10- 19	720 5	6- 107
that (1) (we) last sow the deceased alive an	5-4-	_ 2		in death accurred on the de
			inches (aur) apinio	in death accurred on the di
and hour and fram the couses stated above. (1)	We) (did) (did nat) v	iew the bady after death.		
23A. SIGNATURE	11.1			B. DATE SIGNED
Kellrand Jysew,	OEGREE Phys		off ys.	5-8-12
AC. PHYSICIAN'S		23D. ADDRESS		
Richard Tyson MD		936 W. North	Ave. Balto	, Md 21217
24A. BURIAL CREMATION, 24B. DATE . 24C. NAM	DEGREE of CEMETERY of CRE			tawn, or county) (State)
REMOVAL (Specify)	1	04.	al no	0. 910 homis
Durial 5/9/12 21		Cometery 15	mete me	C. Algalianic
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF	AD.	25C. FUNERAL DIRECTOR	1 0	9 ADDRESS
MAY 9 - 1972 Jaban E Jaken	2. (3.)	reom y powa	14 son and	Hallenstt
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BALTIMORE CITY HEALTH DEPARTMENT REG. NO. CERTIFICATE OF DEATH Deceased Such death 2. DATE AND HOUR OF DEATH 1. NAME OF DECEASED (Type or Print) GALGANO DONALD MBY 5, 1972 U₀ death. 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) of 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD attendance MD. BALTIMORE cause (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) FULL NAME OF HOSPITAL OR C. CITY OR TOWN D. INSIDE CITY LIMITS? Undetermined cause; BATONSUALE NO X YES CITY HOSPITAL prior E. STREET AND NUMBER contributing MCADOO AVE occurred regular If Under 24 Hrs. 9. AGE (In years If Under 1 Yr. Months: Doys B. DATE OF BIRTH 5. SEX 6. RACE 7. MARRIED NEVER MARRIED mac deceased Hours lost birthday) 20,1908 WIDOWED 12. CITIZEN OF WHAT COUNTRY? 10A USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) Isposition done during most of working life, even if retired) U.S. D eat NEW YORK CROWN, CORK+SEAL MACHINIST Was 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME the direct (4) KNOWA eath B ADDRESS 15. Was Deceased Ever in U. S. Armed Forces? 6. SOCIAL 17. INFORMANT 0 (Yes, no or unknown) (If yes, give war or dotes of service) SECURITY NO. 2114-09-03.56 ani APPROXIMATE INTERVAL any pronounced 0 BETWEEN ONSET AND DEATH atten DISEASE OR CONDITION DIRECTLY med LEADING TO DEATH (A) IMMEDIATE CAUSE fracture (This daes not mean the made of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF heart failure, asthenia, etc. It means the disease, embal ar injury ar camplication which caused death.) ng ANTECEDENT CAUSES DUE TO, OR AS A CONSEQUENCE are DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the physician UNDERLYING CONDITION last. the remains burns; No physician was II CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) 20A. AUTOPSY? (Yes or No) 20B. IF YES. WERE FINDINGS CONSIDERED 19A. DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION the IN CERTIFYING CAUSES OF DEATH? 0 WAS PERFORMED obtained before (If In Boltimore City, give exoct location) 218. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, faim, factory, street, office bldg., INJURY OCCUR? 21 A. ACCIDENT WAS UNDERLYING here OR CONTRIBUTING CAUSE OF hospital MEDICAL DEATH (notify medical examine) nature; 3 21 D. TIME (Month) (Dov) (Year) (Hour) 21E, INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? 9 OF INJURY (except Not While While At (APPROX.) and Work At Work to the any 22. I certify that (1) (this hospital) attended the deceased fram 19/902 and that in(my) (out) apinian death occurred an the date that (1) (we) last saw the deceased alive an pe eath) of hospital and haur and from the causes stated obave. (1) (We) (dtd) (did not) view the bady after death. must 238, DATE SIGNED Ö Attending X Med. Staff 0 Director L Phys. approval 0 23D. ADDRESS prior This certificate at GEGREE 24C. NAME of CEMETERY OF CREMATORY (City, town, or county) eceased D.O. shows: ds ADDRESS 25C. FUNERAL DIRECTOR 3



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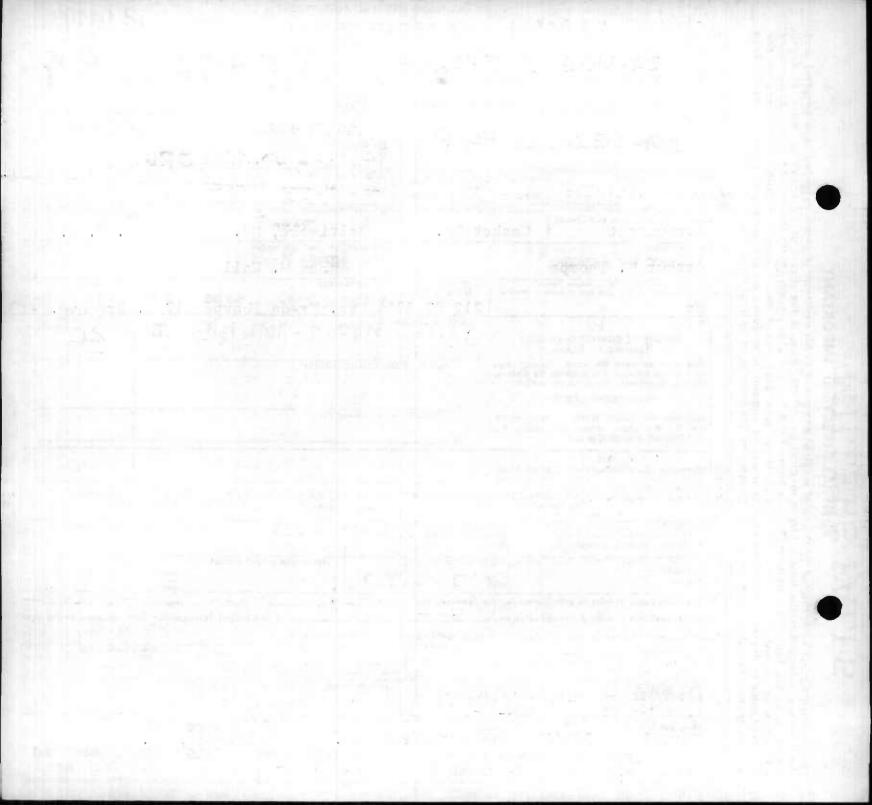
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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	
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1 -1	- 79 na	100-	BALTIMORE CITY	HEALTH DEPARTMENT		
1-565 BIRTH NO.	5 72 04	408	CERTIFICA	TE OF DEATH	REG. NO	72 01408
1. NAME OF DE	CEASED	1.7	Immern	4	HOUR OF DEATH	19721 125 AM
3. PLACE IN BA	LTIMORE, MARYLAND, V	VHERE PRONO			re deceased lived. If	institution: residence before admission)
FULL NAME OF HOSPITAL OR	F (IF NOT IN HOSPIT ADDRESS OR LOC	TAL OR INSTITU	UTION, GIVE STREET	Marylana c, CITY OR TOWN	1. Beal	SIDE CITY LIMITS?
NOITUTITEN	4940 Eastern Avenue			Balt imo		YES NO P
P/	/	· les	lo spitals	E. STREET AND NUMBER		102
Da/1	imore C	177		1611 Rick	Kenbac	her Rd.
S. SEX Male	Caucasian	7- MARRIED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH 11/24/98	9. AGE IIn years last birthday	H Under 1 Ye, Il Under 24 Hrs. Months Days Haurs Min.
	CUPATION (Give kind of world working life, even if reffred)	TOR KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of fore	ign country)	12. CITIZEN OF WHAT COUNTRY
	-Store	Fair	Fair	Baltimore, M	d .	USA
3. FATHER'S NA	AME			14 MOTHER'S MAIDEN NA	ME	
	Frederick Tim	amo samo sa		77		
5. Was December	d Ever in U. S. Armed Fo	rces?	16. SOCIAL	Unknown		ADDRESS
Yes, no or unknow No	m) (If yes, give war or date	es of service)	216 01 2863	BCH_RECORDS 4	940 Eastern	n Avenue
18, ////	-		CAUSE OF DEAT	В	altimore. N	Maryland APPROXIMATE INTERVAL
UNDERLYIN	he ebove cause (A) IG CONDITION lest II IFICANT CONDITIONS CO ATH BUT NOT RELATED TO 1	ONTRIBUTING	(c) A	SCVD.		
	CONDITION GIVEN IN PAI OF OFERATION 198 CON WAS PET		WHICH OFERATION	20A-AUTOPSY? (Yes or No	O 208, IF YES, WERI	FINDINGS CONSIDERED AUSES OF DEATH?
U 21A. ACCID	ENT WAS UNDERLYING DUTING CAUSE OF fy medical examined	218 hom etc.	ne form, foctory, street, o	n or about 21 C. WHERE DID	(II in Balam	ore City, give exact locotion)
DEATH (notion of injury (APPROXI	(Month) (Day) (Year)	0.11	INJURY OCCURRED ille AI	215, HOW DID INJ	URY OCCUR?	/
	y that (I) (t his leaptro I) last sow the deceas		2000/200		19 <u>7.2</u> to	5/5 19/22 pinion death occurred on the date
and hour a		ated above. (1) (We) (did) (allegan)	lew the body after death.		238. DATE SIGNED
23C. PHYSIC	land C	. Cin	Low DECKEE Phy		Stuff Phys.	5/5/72
NAME	(Type)	MD	-	Dat critica	re City Hos venue. Balt	imore, Maryland
24A. BURIAL C	nd L. Einhorn		AME OF CEMETERY OF CR			City, town, or county) (State)
Buria	(Specily)		lly Hill Memor	The state of the s		o., Maryland
	D BY HEALTH DEPT.		OF REGISTRAR	25C. FUNERAL DIRECTO		ADDRESS
MAY 9-	1972 Value 8	Westless		1	17 10	ne 1407 Eastern Ave.
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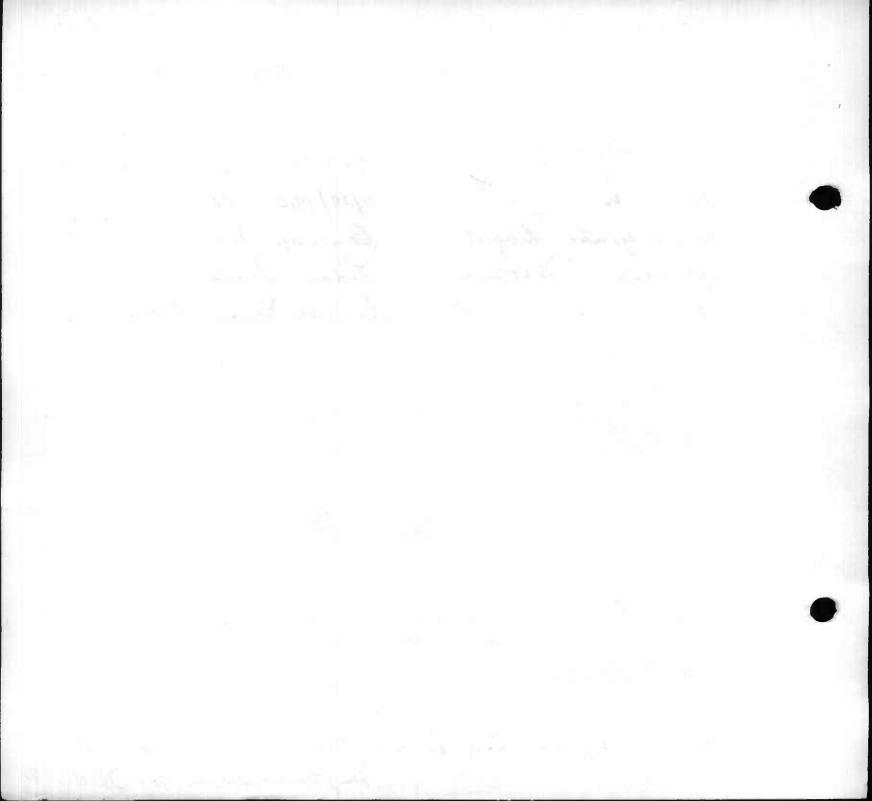
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TIM			BALTIMORE CITY	HEALTH DEPARTMENT		72 04409
BIRTH NO.	72 04	1409	CERTIFICA	TE OF DEATH	REG. NO	12 04100
Type or Print)	AY MOND	J	THORPE	2. DATE /	S-4-72	1 9 15 1
3. PLACE IN BALTI	MORE MARYLAND, W	HERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (W	iero deceased lived. If is	nstitution: residence before admission)
FULL NAME OF HOSPITAL OR INSTITUTION	UF NOT IN HOSMT	AL OR INSTIT	TUTION, GIVE STREET	C. CITY OR TOWN	D. INS	SIDE CITY LIMITS?
34 BOI	N SECOU	RS	-920H	E. STREET AND NUMBER	ANORDENE	RD.
. SEX (6	6. RACE	7. MAPPIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
MALE	WHITE	WIDOWED		8-17-06	lost birthday)	Months Doys Hours Min.
	orking life, even if retired)		F BUSINESS OR INDUSTRY	Baltimore,		12. CITIZEN OF WHAT COUNTRY?
FATHER'S NAM		Oasi	ter oo.	14. MOTHER'S MAIDEN N		U. S. A.
Arthur	W. Thorpe			Agnes M.	Wall	
	Ever in U. S. Armed For Of yes, give war or date		1 & SOCIAL	17. INFORMANT	VI CL 2. L	ADDRESS
es, no or unknown) (ur yes, give war or date	s of Service)	212 09 576	Man Fred	Thomas 1	2 17 2 2 4 1
18,///	91		212 09 576 CAUSE OF DEAT	H MIS. Freda	Thorpe I	.2 W. 3rd Ave
DISEASES OF THE UNDERLYING	lication which caused NTECEDENT CAUSES R CONDITIONS, If above cause (A) CONDITION last. CANT CONDITIONS CO BUT NOT RELATED TO TO	any, giving stating the ONTRIBUTING HE TERMINAL	(B) DUE TO, OR AS	A CONSEQUENCE OF:		
	OPERATION OF CON WAS PER	DITION FOR	WHICH OFERATION	20A AUTOPSYS (Yes or	No. 208, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED
OR CONTRIBUT	T WAS UNDERLYING TING CAUSE OF medical examines	211 hor etc	me, form, foctory, street, o	n or about 21 C. WHERE DID	(If in Beltima	ore City, give exact focation)
	(Month) (Doy) (Year)		LINJURY OCCURRED hillo At Not Whill onk At Work	21 F. HOW DID II	NJURY OCCUR?	
	that (1) (this hospital		the deceased from	19 12 and	19 12 to	Inion death occurred on the date
				/		
ond haur and	from the couses sto	ted above. ((i) (We) (did) (did not) v	lew the body ditor degi		
ond haur and 23A, SIGNATUR OSCAN	7	nana	Lin MIDAH	onding Med.		238, DATE SIGNED 5-4-72
23A, SIGNATUR	E. Fer	rana RNAI	Uni MID AMDEGREE Phy	onding Med.		23B, DATE SIGNED 5-4-72
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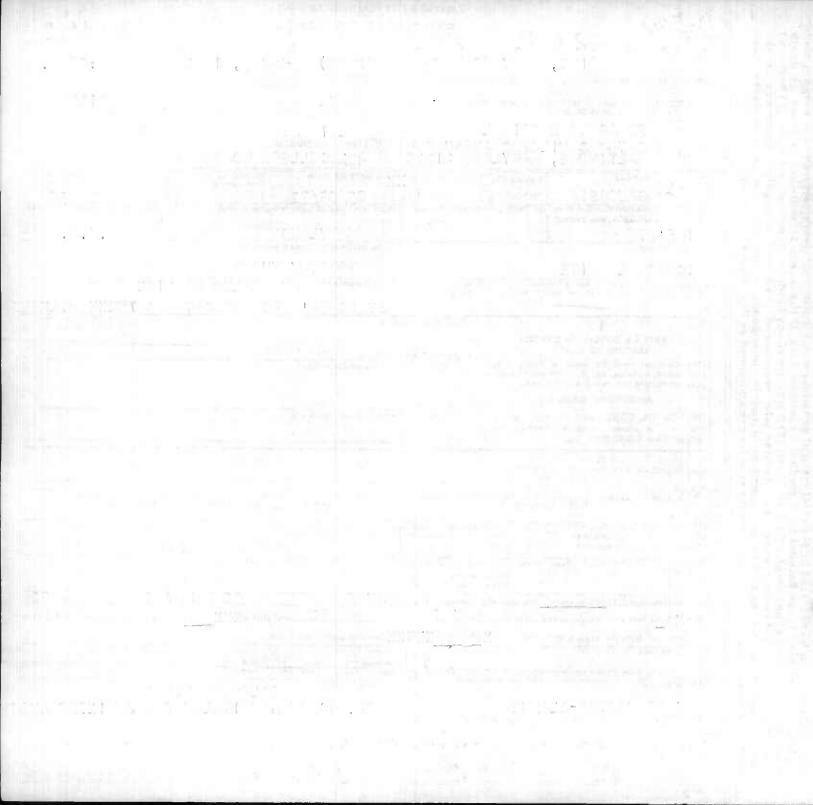


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A STATE _ L COUNTY ADDRESS OR LOCATION O. INSIDE CITY LIMITS? OCITY DROOMS _ D. ALTHER _ D. ALTH		ш_	massuuv y » mun	ONOLINCED DEAD	Mail RESIDENCE (Who	7 1977	1 4:00 A M		
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L. SREET AND NUMBER 1/3 3 0.			91: - 11		Sub				
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TO A USUAL OCCUPATION (Give bind at war) for side of war) for BUSINESS OF INDUSTRY 11./BIRTHPIACE (Side or large country) 10 A USUAL OCCUPATION (Give bind at war) for Business of Industry 11./BIRTHPIACE (Side or large country) 11./BIRTHPIACE (Side or large country) 12. CITIZEN OF WHAT COUNTRY 11./BIRTHPIACE (Side or large country) 12. CITIZEN OF WHAT COUNTRY 11./BIRTHPIACE (Side or large country) 12. CITIZEN OF WHAT COUNTRY 11./BIRTHPIACE (Side or large country) 13. ACCIDEN WAR COUNTRY 11./BIRTHPIACE (Side or large country) 14. MOTHER'S MAIDEN NAME 15. DISEASE OR CONDITION DIRECTLY 18. DISEASE OR CONDITION DIRECTLY 18. LEADING TO DEATH 18. LEADING TO DEATH 18. LEADING TO DEATH 18. LEADING TO DEATH 19. LEADING TO DEATH 20. DIRECTION OF COUNTRY 10. LEADING TO DEATH 21. RACE OF INJURY 10. LEADING TO DEATH 22. LEAVER OF COUNTRY 10. LEADING TO DEATH 23. DIRECTION OF COUNTRY 10. LEADING TO THE COUNTRY 10. LEADING TO		20 3	MAKE		B. DATE OF BIRTH	9. AGE (in years lost birthday)	Il Under 1 Yr. Il Under 24 Hrs.		
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Continuing Cause of dying, e.g., hool loilure, astheric, etc. Il meens the disease, injury or complication which coused death.)	0		162	CAOSE OF DEAT					
DUE TO, OR AS A CONSEQUENCE OF:			LEADING TO DEATH	(A)IMMEDIATE CALL	SE RESALASTA	no Jailuso			
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OR CONTRIBUTING CAUSE OF DEATH (notify medical examined) Cause of Death (notify medical examined) Cause of		NO	OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	NG					
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) Cause of Death (notify medical examiner) Cause of		ATI	TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).	VAL					
OR CONTRIBUTING CAUSE OF DEATH (notify medical examined) Cause of Death (notify medical examined) Cause of		TFIC	19A. DATE OF OPERATION 19B. CONDITION F	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No		IDINGS CONSIDERED		
DEATH (notify medical examines) Control C		CER	21A. ACCIDENT WAS UNDERLYING	218 PLACE OF INTURY (a.g. in	No show 21C WHERE DID				
22. I certify that (1) (this haspital) attended the deceosed from		AL	OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	home, form, foctory, street, oll	ice bldg., INJURY OCCUR?	(II in Boltimore C	City, give exact location)		
22. I certify that M (this haspital) attended the deceosed from	3	DIC	21D-TIME (Month) (Doy) (Year) (Hour)	215. INTURY OCCURRED	215 HOW DID IN	LIBY O GOLLOS			
22. I certify that (1) (this haspital) attended the deceosed from		ME	OF INJURY	While At Not While	4	OKY OCCOR?			
that (1) (we) lost sow the deceased alive on						- 17	7		
and hour ond from the couses stoted above. (N (We) (did) (did not) view the body after death. 23A. SIGNATURE Attending Med. Stoff Phys. 23B. DATE SIGNED									
23A. SIGNATURE Attending Med. Stoff Director Phys. 23B. DATE SIGNED 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specily) 24D. LOCATION (City, town, or county) (Stole) 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS AND ALL STORY 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS AND ALL STORY ADDRESS A					and the second s	at in (pary) (our) opinio	on death accurred an the dote		
Attending Med. Shoff Mary 72 23C.PHYSICIAN'S Phys. DEGREE 23D. ADDRESS 23D. ADDRESS 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stote) 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS MAY 9 = 1972 Colored Color			23A. SIGNATURE	ci sy (me) (did) (did Hot) Vi	ew the body after death.	123	R. DATE SIGNED		
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24A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CREMATORY 24D. LOCATION (City, town, or county) (Stole) 25D. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS MAY 9 = 1972 Page 15 Page					2250 Hree-	- 25A R.	10515 June 70		
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS MAY 9 = 1972 Research & Robert M. D. School & Market Director Son Jun. 901 Walling St.		24A	BURIAL CREMATION, 248. DATE 240 REMOVAL (Specily)	C. NAME OF CEMETERY OF CREA	MATORY 24D. LC	CATION (City.	town, or county) (State)		
MAY 9 = 1972 Publis & Sales M. 2. 256. HAME OF REGISTRAR 256. FUNERAL DIRECTOR ADDRESS Sales M. 2. 25C. FUNERAL DIRECTOR Sales M. 2. 25C. FUNERAL DIRECTOR ADDRESS Sales M. 2. 25C. FUNERAL DIRECTOR Sales M. 25C. 25C. FUNERAL DIRECTOR Sales M. 25C. 25C. FUNERAL DIRECTOR Sales M. 25C. 25C. 25C. 25C. 25C. 25C. 25C. 25C		b	med 5/10/72]	Tel. On lease	w Con	Ba	at my		
		25A.	2301 (370)	AE OF REGISTRAR			ADDRESS		
		N	11/ 9 = 177 (166 6 E 166 6	en M.B.	Has J' Come of	Son Jan . 9	o, Halling St.		



this certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such written approved must be obtained before the remains are embalmed or final disposition is made.

X 200 10/047	BALTIMORE CIT	Y HEALTH DEPARTMENT				
D-3292-06647	CERTIFICA	TE OF DEATH	REG. NO	72 04417		
NAME OF DECEASED	- FEMALE		D HOUR OF DEATH			
ype or Pfinil) DEITZ, BA	BY (SEX UNDETE	RMINED) MAY	5, 1972	7:00 A. M		
PLACE IN SALTIMORE, MARYLAND, WHERE P	RONOUNCED DEAD	4. USUAL RESIDENCE (When	e deceased lived. Il insti	itution: residence before admission)		
IOSPITAL OR ADDRESS OR LOCATION)	INSTITUTION, GIVE STREET	MARYLAND C. CITY OR TOWN	2	53 21229 E CITY LIMITS?		
ST AGNES HOSP	ΙΤΔΙ	BALTIMORE		YES NO		
		E. STREET AND NUMBER				
CATON & WILKE BALTIMORE, MA	RYLAND 21229	402 COLLEEN	RIDAD			
SEX 6. RACE 7. MA	RRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthday)	Il Under 1 Ys. Il Under 24 Hrs. Months: Days Hours Min.		
	OWED DIVORCED	05/05/72		2 35		
OA. USUAL OCCUPATION (Give kind of work 108, KI	ND OF BUSINESS OR INDUSTR	11. BIRTHPLACE (State of forei	gn country)	12. CITIZEN OF WHAT COUNTRY		
one during most of working life, even if retired)		MARYLAND		U.S.A.		
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	AE	0.5.		
		D OR OTHY KU	CED			
RICHARD L DEITZ	I) & SOCIAL		_	1 0 0 0 ADDRESS		
5. Wes Deceased Ever in U. S. Armed Forces? (es, no or unknown) (If yes, give war or doles of se	SECURITY NO.	AVE		1229 ADDRESS		
/\0			ORDS CATON			
18.75991	CAUSE OF DEA	IH		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
DISEASE OF CONDITION DIRECTLY		0	000	_		
LEADING TO DEATH	(A) IMMEDIATE CA	USE Pulmmar	y alelel	Long		
(This does not mean the mode of dying heart failure, osthenia, etc. It means the di	BOGO DIETO OD AS	A CONSEQUENCE OF:				
injury of complication which caused death,)					
ANTECEDENT CAUSES	my	IT nle	2001 1 8			
	DISEASES OR CONDITIONS, if any, giving (e) DUE TO, OR AS A CONSEQUENCE OF:					
rise to the above cause (A) stating			/			
UNDERLYING CONDITION last. (c).						
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A).	TING			1 1 1 P. S. S.		
199. CONDITION WAS PERFORME	FOR WHICH OPERATION	YES	IN CERTIFYING CAUS	NDINGS CONSIDERED SES OF DEATH?		
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	218 PLACE OF INJURY (e.g.	in or about 21 C. WHERE DID office bidge INJURY OCCUR?	(It In Baltimore	City, give exact location)		
DEATH (notify medical examined)	elc.)	omce blog. INJURY OCCUR				
O 21D.TIME (Month) (Doy) (Year) (How	21E INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?			
F OF INJURY						
(AFFROX)	WOR LAS AT WOR					
22. I certify that (1) (this hospital) ofte	inded the deceased Holli	1A Y 5	19 /2 to MAY	51972		
that (1) (we) last saw the deceased all	e on MAY 5	1972ond the	at In/(n/y) (aur) opini	on death occurred an the da		
and haur and fram the couses stated ob						
23A. SIGNATURE	over (X (we) (ala) 16)6/6/6(8	Atem the body after decitie	15	23B. DATE SIGNED		
120000000000000000000000000000000000000	lone of Al	lending Med.		C/1-/12		
Jaceston -		ys. Director L	Staff Phys.	0/1//		
23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS BA	LTO, MD 212:	29		
J DE CASTRO-ALONS	O DEGRE	CT ACMEC HO	SPITAL: CAT	ON & WILKENS AV		
24A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY of C			, town, or county) (State)		
REMOVAL (Specify)	Laver	1. 2.) 1/10	Ve NS.		
25A, DATE REC'D BY HEALTH DEPT. 125B, N	IAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ARROLL (ADDRESS		
AND AMERICA	Jaber Man	C A A D		£11 P		
		1 1-11173 XCSE	FIC 1378	Uniter of the		
VS 150-REV. 1/1/68						



the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased a hospital and

csk	BALTIMORE CIT	Y HEALTH DEPARTMENT						
6 t	BIRTH NO. 72 04412 CERTIFICA	ATE OF DEATH REG. NO.						
on the	NAME OF DECEASED MALENA FEO BONNELL 2. DATE AND HOUR OF DEATH APP 5, 1972 1 6:00 P.M.							
±	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived If Institutions residence before admission) A. STATE B. COUNTY						
	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C.CITY OR TOWN A D. INSIDE CITY LIMITS?						
attend ior to	Rolling Ctu Hopith	E. STREET AND NUMBER						
prio	1940 Eastern Ave. Baltimore, Md.	1051 Leren Way 21205 007						
	S. SEX 6. RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 9. AGE (in years If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.						
L	IDA. USUAL OCCUPATION (Give kind of work IDB, KIND OF BUSINESS OR INDUSTR							
as de d	13 FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
도드등	NEWTON BUT DAVIS	ALITMEDA DAVIS ILINFORMANT ADDRESS						
de na	15. Wes Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service) 2.16 54-8357	7 BCH Records: Baltimore, Md. 21224						
- E -	IIB. // 2 / CAUSE OF DEA							
900	DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH						
o to	LEADING TO DEATH	AUSE BRONCHOPNEUMONIA 4 day.						
atte	(This does not mean the mode of dying, e.g., DUETO OR AS	S A CONSEQUENCE OF:						
guiar emba	heart failure, astheria, etc. It means the disease, injury or complication which caused death.)	80						
000	ANTECEDENT CAUSES (B) (FILE 6)	ROVASCULAR ACCIDENT Oday.						
in re	DISEASES OR CONDITIONS, If any, giving ise to the above cause (A) stating the UNDERLYING CONDITION lost. (C)							
a se	II II							
physician an was in remains	O THER SIGNIFICANT CONDITIONS CONTRIBUTING	OILHONARY EMBOLISM						
sicia the	OISEASE OR CONDITION GIVEN IN PART 1 (A).	20A-AUTOPSTS (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?						
re the physicic physician was fore the remain		10						
5 0 P	OR CONTRIBUTING CAUSE OF home, farm, factory, street, etc.	in or about 21 C. WHERE DID (If in Boltimore City, give exact location) office bidg., INJURY OCCUR?						
xcept wind (6) Potained	21D-TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED	21E HOW DID INJURY OCCUR?						
xceind	22. I certify that 10 (this hospital) attended the deceased from 11/8 19 140 5 1971							
); (e)	that (#) (we) last saw the deceased alive on 5/5 19 12 and that in (my) (our) opinion death occurred on the date							
spital leath) ust be	and hour and from the causes stated obove. #2) (We) (did) (did not) view the body after death.							
hospital to death) al must b	Adul & M. Man	23A. SIGNATURE Attending Med. Director Phys. 23B. DATE SIGNED MAY 4 1972						
was D.O.A. at a deceased prior t	23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS 4940 Eastern Ave. Baltimore Md. 21224						
d pr	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF C							
D.0 889	BURIAL 5/9/12 BELAIR GR	DNS. HARRORD Co. M.F.						
ves vrit	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	250. FUNERAL DIRECTOR PLEASED ADDRESS / 14 CM						
1 / 0 /	MAY 0 = TUTY !! WOOD CH!							

This certificate must be approved by the chief medical examiner or his assistant if death occurred in FUNERAL DIRECTOR: IMPORTANT

BULLEREY FARMENIST By The Charles ADEL Z MAKALM

72 04413 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1 NAME OF DECEASED DATE Known 🗆 Month Doy Year Hour (Type or Print) OF WILLIAM FAIR, SR. Estimoted DEATH 4 PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 3. DATE Hour Manth Dov Year PRONOUNCED DEAD (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) FILL NAME OF 5 8 1972 7:50a HOSPITAL 5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B COUNTY Md. 1426 N. Eden St. 7 PACE C. CITY OR TOWN D. INSIDE CITY HMITS? 6. SEX 8. MARRIED NEVER MARRIED male Balto. negro WIDOWED YES X NO [DIVORCED If Under 1 Yr. If Under 24 Hrs. E. STREET AND NUMBER 9. DATE OF BIRTH 10. AGE (In years lost birthdow 1426 N. Eden St. 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF 13. FATHER'S NAME WHAT COUNTRY? 14A. USUAL OCCUPATION (Give kind of work) 148. KIND OF BUSINESS, OR INDUSTRY 15. MOTHER'S MAIDEN NAME dans during monor varying literage if retired) 18. INFORMANT 16. WAS DECEASED EVER IN U.S. ARMED FORCES? SOCIAL ADDRESS SECURITY NO (Yes, no or roknown) (If yes, give wor ar dotes of service) 215-07-0890 M ans. APPROXIMATE INTERVAL CAUSE OF DEATH BETWEEN ONSET AND DEATH Hypertensive & arteriosclerotic cardiovascular disease DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A)IMMEDIATE CAUSE (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO, OR AS A CONSEQUENCE OF ANTECEDENT CAUSES DUE TO, OR AS A CONSEQUENCE OF: DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)_ O CATIC 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). CERTI 20 A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOPSY? (Yes or No) ZZA. EXTERNAL CAUSE WAS 228. PLACE OF INJURY (e.g., in or obout 22C. WHERE DID (II in Boltimore City, give exoct location) home, form, foctory, street, office bldg., etc.) INJURY OCCUR? UNDERLYING TOR CONTRIB-UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED 22F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE I (APPROX.) AT WORK WORK I certify that I held an Inquiry Inspection K Autopsy and that on this basis, deoth in my opinion resulted from: Notural couses X Suicide Accident Homicide Undetermined monner CHIEF MEDICAL EXAMINER * DATE SIGNED ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE ASSOCIATE MEDICAL EXAMINER **EXAMINER'S** Russell S. Fisher, M.D. 5-8-72 NAME (Type) 24C. NAME of CEMETERY OF CREMATORY 24A. BURIAL CREMATION. 24B. DATE 24D, LOCATION (City town, or county) REMOVAL (Specify) mg)

25C. FUNERAL DIRECTOR

ADDRESS

DATE REC'D BY HEALTH DEPT.

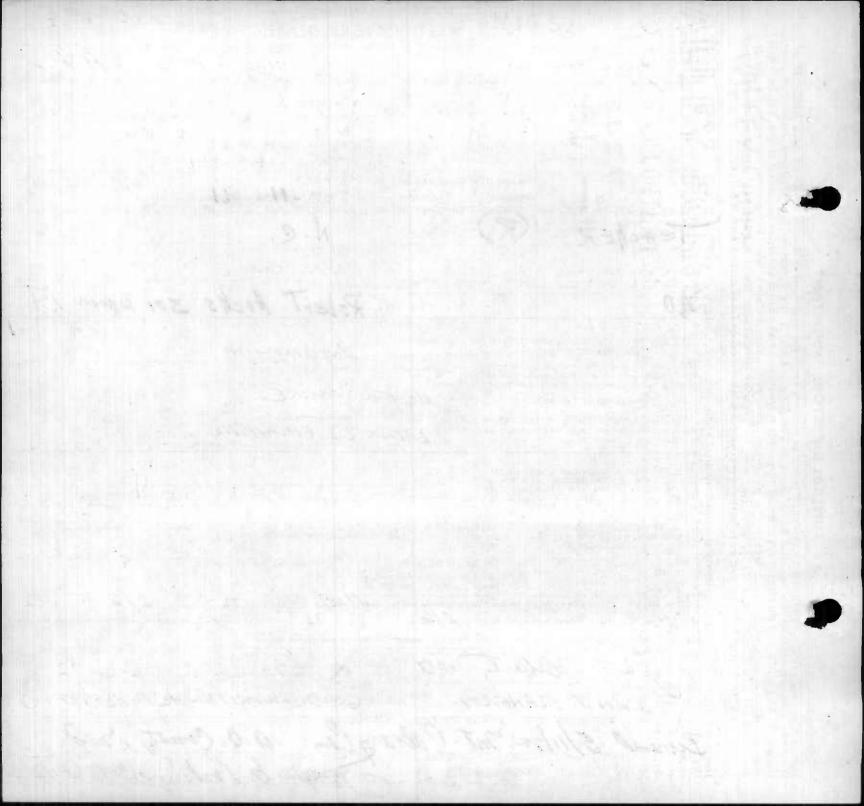
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25B. NAME OF REGISTRAR

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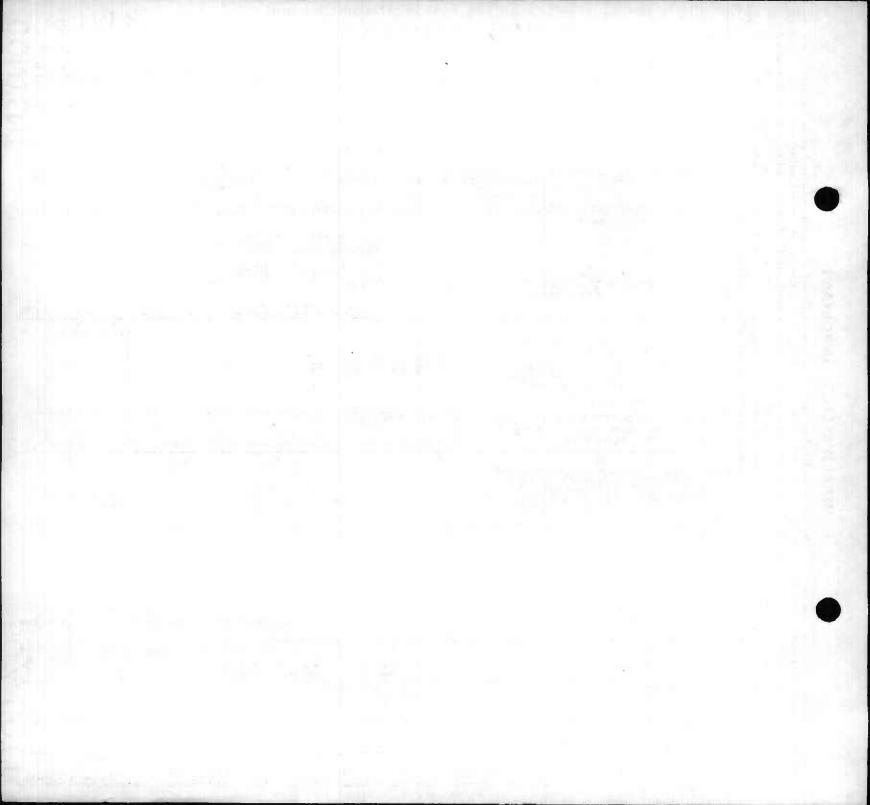
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	TH NO.				CERTITICA	IL C			
	e or Print)		D - a d				Man	D HOUR OF DEATH	2 . 00 110
	H	icks. T				П. п.		/ /	- 70 T/ M.
3.	PLACE IN BALT	IMORE, MAR	YLAND, WHE	RE PRONC	UNCED DEAD	A. STA	TE B. COUN	TY	institution: residence belore admission)
FU	LL NAME OF	(IF NOT I	IN HOSPITAL	OR INSTI	TUTION, GIVE STREET	Mo	ary land		301
HC	SPITAL OR	ADDRESS	OR LOCATI	ON)			OR TOWN	D. IN	SIDE CITY LIMITS?
-	Good	samas	itan	4056	oital	B	altimore		YES NO
,	1					E. STRE	ET AND NUMBER		
4	+5						Mason ct.	301	
5.	EX	6. RACE	7.	AA A DDIED	NEVER MARRIED	-		AGE (In years	If Under 1 Yr If Under 24 Hrs.
	F	N		WIDOWED	= =	02		ast birthday)	Months Doys Hours Min.
				B. KIND O	E BUSINESS OR INDUSTRY	11. BIRT	HPLACE (State or foreign	gn country)	12. CITIZEN OF WHAT COUNTRY?
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10	ICA			111		14 140	17, 6,	4.5	
13.	FATHER'S NAA	AE (14. MO	THER'S MAIDEN NAM	A E	
,	Jones,	Ceap	hus			T	coss, car	rie	
15.	Wos Deceased	Ever in U. S.	Armed Forces	?	16. SOCIAL PSends	17. INFO	RMANT	1	ADDRESS
(Ye	sino or upknown)	Ilt yes, give	war or dotes	of service/	SECURITY NO.	D	Last A	1085 3	of mason (1
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	(This does n heart failure,				DUE TO-OR AS	A CONSE	QUENCE OF:		
	injury ar cam	plication which	ch caused de	eoth.)	1/	· ·	an noc		
	1	ANTECEDENT CAUSES HEPATIC FAILURE							
	DISEASES O	DISEASES OR CONDITIONS, if any, giving OUE TO, OR AS A CONSEQUENCE OF:							
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	UNDERLYING	CONDITION	N lost.		(c) LAGETO	000			
		- 11							
O	OTHER SIGNIF								
ATION	DISEASE OR C								
F	19A. DATE OF			TON FOR	WHICH OPERATION	20 A.	AUTOPSY? Yes or No		FINDINGS CONSIDERED AUSES OF DEATH?
CERTIFIC	2		WAS PERFO	KIVIL D			res	III CERIII IIIIO C	A03.3 01 DEA111.
ü	21 A. ACCIDEN	T WAS UND	ERLYING -	21	B. PLACE OF INJURY (e.g.,	n or obou	21C. WHERE DID	(If in Bottim	ore City, give exoct location)
AL	OR CONTRIBU			eto	me, form, foctory, street, o	mice biag	, INJURY OCCUR:		
SIC	21 D. TIME	(Marall) (Da	(V - + 4)	H 21	E INITIDY OCCUPATO		21F. HOW DID INJ	INV OCCUPS	
MEDI	OF INJURY	(Month) (Do	oy) (Teon		E, INJURY OCCURRED		21F. HOW DID INJU	DRY OCCUR!	
<	(APPROX.)				hile At Nat While ork At Work		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	22. Leartify	that W (this	haspital)	nttended	the deceased fram	4/1	25/ 1	972 to	5/6 1972,
					111	1			
					5/6			of In(myr) (aur) ap	pinian death accurred an the date
	and haur and	and have and from the causes stated above. (1) (We) (did) (did no t) view the bady after death.							
	23A. SIGNATO	RE	01	1 7	4			5.0	23B, DATE SIGNED
1	So	len 1.	Teal	rece	Phy	ending 2	Med. Director	Staff Phys.	5-6-72
	23C. PHYSICIA	N'S		-	GEGREE] ""	23D. ADI			4
	NAME IT	20/1/2/	T. FIA	THER	27	60	50D SAMA	RITAN H	SPITAL (SALTIMI)
	V	410	101	110	DEGREE				
24	REMOVAL IS	AATION, 24B.	DATE	24C. N	TAME OF CEMETERY OF CR	EMATOR	D 24D. LC	DCATION	City, town, or county) (State)
	Russ	10 5	111/2	2 1	MI. L' WIN	my/	am a	. G. Core	the med.
25	DATE REC'D	BY HEALTH	DEPT. 2	B. NAME	OF REGISTRAR	2 125G	FUNERAL DIRECTOR	7	ADDRESS
(1)	INV O = 9	(P)	Q. B. S. V	Ja. R.	ALDO O		osorala la	/ h	Lulzound Eshalo
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-	3 40 DELL 5 45 45								



the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

BALTIMORE CIT	TY HEALTH DEPARTMENT
BHRTH NO. 426 72 04415 CERTIFICA	
1. NAME OF DECEASED (Type or Print) (I) O F P R	2. DATE AND HOUR OF DEATH
3. PLACE IN BALTIMORE MARYLAND, WHERE PRONDUNCED DEAD	4. USUAL RESIDENCE IWhere deceased lived. If institution: residence belove admission
	5 200 St Charles Ad P Balto., Md.
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?
	Baltemon, YES NOT
4 Sinai Hospital of Baltimore	E. STREET AND NUMBER
12	5200 St. Charles Avenue
5. SEX 6. RACE 7. MARRIED NEVER MARRIED	lost birthdevi Months: Dovs : Mours : Min.
WIDOWED DIVORCED	12-9-09 62
IOA. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTR	
none	North Carolina US
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Calvin Walker	Josephine Micks
Calvin Walker 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or doles of service) SECURITY NO.	17. INFORMANT ADDRESS
No	Mrs. Willie Sutton 5200 St. Charles Avenue
18. 22 8 6 XI CAUSE OF DEA	
DISEASE OR CONDITION DIRECTLY	
LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) MMEDIATE CA	
head failus astheria ate it means the disease	S A CONSEQUENCE OF:
ANTECEDENT CAUSES	rome steng Discon
	S A CONSEQUENCE OF:
nse to the above cause (A) stating the	A SOURSEMENCE OIL
UNDERLYING CONDITION lost (C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	Heart / Edure . Resperatry
E TO THE DEATH BUT NOT RELATED TO THE TERMINAL	en sufficiency
DISEASE OF CONDITION GIVEN IN PART 1 (A).	20A. AUTOPSY? (Vos of No.) 208, IF YES, WERE FINDINGS CONSIDERED
19A-DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21R. PLACE OF INJURY (e.g.,	in or obout 21 C. WHERE DID (II In Boltimore City, give exoct location) office bldg., INJURY OCCUR?
DEATH (notify medical examineri	
OF INJURY (Month) (Doyl (Yeori (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
(APPROXI) While At Not Whi At Work	
22. I certify that (1) (this hospital) attended the deceased fram	6-2 19 Ziz ta 5-2-22 19 72
that (1) (we) lost sow the deceased alive on 5-2.72	19 72 ond that in (my) (our) opinion death accurred on the date
ond hour and fram the couses stated above. (1) (We) (did) (did not)	
23A. SIGNATURE	23B, DATE SIGNED
Robolf A Victoria M. D. DEGREE	rending Med. Staff 5 2.72
1 123C-PHISICIANS	23D. ADDRESS
NAME (Type RODOLFO S. VIETORIA M.D.	Sinai Mipibl of Balkmore
24A. BURIAL CREMATION, 124B. DATE 24C. NAME of CEMETERY of CE	
REMOVAL ISpecifyl	
Burial 5-6-72 Mt. Auburn Ceme	etery Baltimore, Maryland ADDRESS
MAY 0 - 1079 P. S. S. Juliez M. D. O.	ARlington SQ Phillips 1727 N. Monroe Street

SO Phillips 1727 N.



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assistant if death octurred in if the direct or contributing ny kind; (4) Undetermined caused death was in regular attedance on the deceased prior final disposition is made.	1	+6
ath octurred contribution in regular places as a price of the contribution is made.	5.	SEX
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s assistant if death octuring the direct or contribany kind; (4) Undetermine and death was in regulation the deceased or tinal disposition is made.	15. (Ye	Wos Deceo
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pproved by the chief medical examiner or his assistant if death occurred in a to the hospital by a medical examiner. Also, if the direct or contributing causty at the hospital by a medical examiner. Also, if the direct or contributing cause; (axcept where the physician who pronounced death was in regular attended; and (b) No physician was in regular attendance on the deceased prior to sobtained before the remains are embalmed or final disposition is made.		DIS
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hospi nature ept w d (6) P ained	×	(APPROX.)
the house any na and (excepand)		22. I cert
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death)		23A. SIGNA
ate must be as released to a accident of a accident of a control of a		23C. PHYSIC
This certificate must be ap the body was released to shows: (1) An accident of was D.O.A. at a hospital deceased prior to death); written approval must be		NAME
This certificathe body we shows: (1) Alwas D.O.A. deceased prwritten appu	24A	BURIAL C
D.O.		
his cert he body hows: (ras D.O lecease	25A	Burja
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1	F)-/00 /6 100000	TY HEALTH DEPARTMENT ATE OF DEATH REG. NO. 72 04416
	NITH NO.	
	Type or Printi BURGESS. DAI'S V	5-2-172 11:40P
	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, II institution: residence before admission) 14. STATE B. COUNTY
11.	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	Maryland 203
	LUTHERAN HOSPITAL OF	D. INSIDE CITY LIMITS? PALTIMORE YES NO
ó	LUTHERAN HOSPITAL OF HOMARYLAND	E. STREET AND NUMBER 2642 GUILFORD AUE
0 2	SEX 6. RACE 7. MARRIED THEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr., If Under 24 Hrs.
disposition is ma	FEMALE NEGRO WIDOWED DIVORCED	1 3 - 47 - 13 5 - 4 1 1
E O	DA. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUST one during most of working life, even if relired)	RY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
i si	Housewife	SOUTH CAROLINA U.S.
final disposi		14. MOTHER'S MAIDEN NAME
0	Dock Williams 5. Wos Deceosed Eyer in U. S. Armed Forces? 16. SOCIAL	Mary Austin 17. INFORMANT ADDRESS
na "	No SECURITY NO. 216-40-1515	71888600
٥ ا ا	18. // <1 / CAUSE OF DEA	
-	DISEASE OR CONDITION DIRECTLY	CEDER DA LATO HAD
aime	LEADING TO DEATH (This does not meen the made of dying, e.g., (A) IMMEDIATE C. DIETO OF A	
9	hearl failure, asthenia, etc. It means the disease, injury or camplication which caused death.)	S A CONSEQUENCE OF: ACCIDENT
E	ANTECEDENT CAUSES	
are	DISEASES OR CONDITIONS, if ony, giving DUE TO, OR	S A CONSEQUENCE OF:
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the remain	. II	
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The left of the le	DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
0 1	WAS PERFORMED	100.
2	OR CONTRIBUTING CAUSE OF home, form, foctory, street, etc.)	office bldg., INJURY OCCUR? (If In Bollimore City, give exact location)
Denis		21F. HOW DID INJURY OCCUR?
8 1	(APPROX) Work At Wor	
opt	22. I certify that (I) (this hospital) attended the deceased from	4-50- 19/2 to 3-2- 19/3
Pe	that (1) (we) lost sow the deceased alive on 5	19 and that in(my) (our) opinion death accurred on the date
must	and hour and from the causes stated obove. (1) (We) (did) (did not)	
E	ACOWIN M-D. A	tending Med. Staff N 5-2-1971.
approval	23C. PHYSICIAN'S	23D. ADDRESS UTHER AND HOLDIA
	NAME (Type) SAMUEL J. EDWIN MS.	730 Ashborton St. Ballo Md. 21216
	A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of C	REMATORY 24D. LOCATION (City, town, or county) (Stote)
	Burial 5-6-72 Garden of Etern	al Hope Finksburg, Maryland
Tetting 25	A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
	MAY 9 - 1972 Robert E. Jaibert M. B. C.	Ad ington S. Phillips 1727 N. Monroe Street

Burial 5-8-7

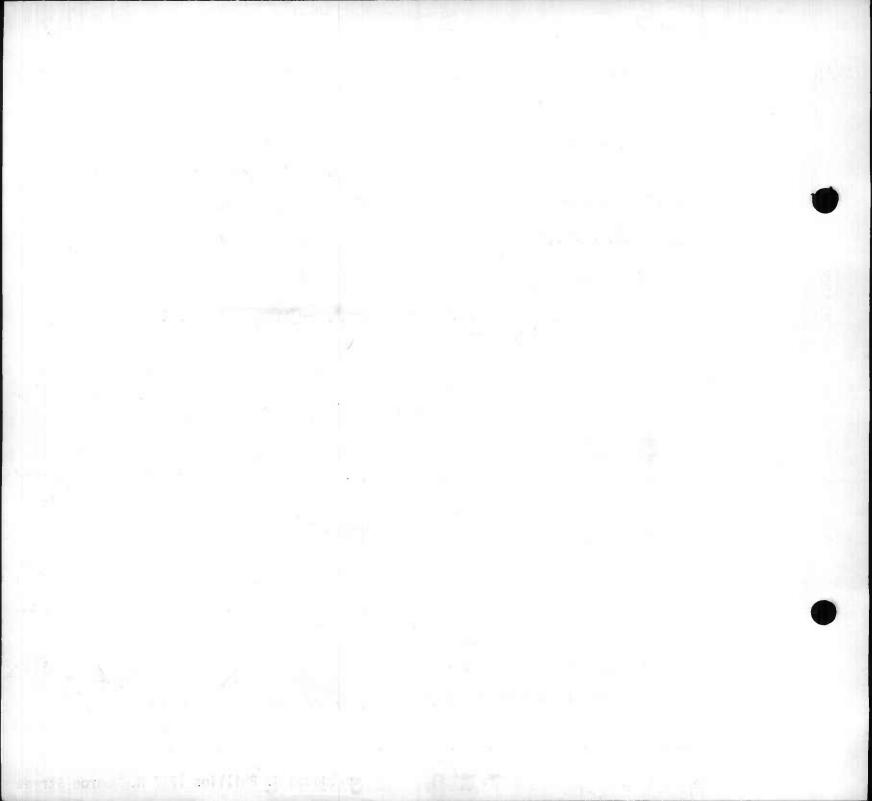
Arbutus M 258 NAME OF REGISTRAR E. Janhan M.D.

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a hospital and

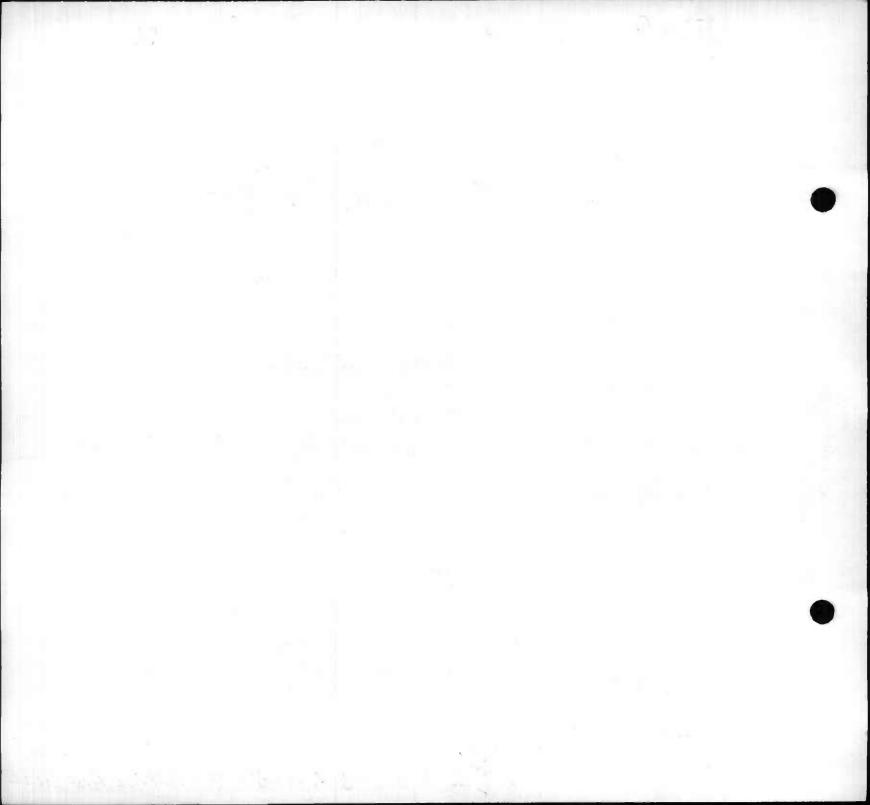
BALTIMORE CIT	Y HEALTH DEPARTMENT
BIRTH NO. 72 04417 CERTIFICA	ATE OF DEATH REG. NO. 72 04417
1. NAME OF DECEASED (Type or Print) ALLEN, EDWARD	2. DATE AND HOUR OF DEATH 5/4/1972 &= 20 A-M
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, il institution; residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	A. STATE B. COUNTY MD, C. CITY OR TOWN D. INSIDE CITY LIMITS?
LUTHERAN HOSPITAL OF MD.	13 ALTIMORE YES E NO [
5. SEX 6. RACE 7. MARRIED LA STRUET HARDEN	1638 APPOLETON ST.
MALE NEGRO WIDOWED DIVORCED	8. DATE OF BIRTH 7. AGE (in years if Under 1 Ye. if Under 24 Hrs. Months; Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired)	12. CHIZEN OF WHA! COUNTRY
LONG SHORE MAN	VIRGINIA U.S.
	14. MOTHER'S MAIDEN NAME
Willie Allen 15. Was Deceased Ever In U. S. Armed Forces? (Yes, no or unknown) (III yes, give war or doles of service) SECURITY NO.	Nannie Randolph
No.	ADDICIS
NO 217-09-6705	Mrs. Mary Allen 1638 N. Appleton Street
DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH
LEADING TO DEATH	use Cong. Heart
(This does not meen the mode of dying, e.g., heart faiture, asthenia, etc. it means the disease, injury or complication which coused death.)	A CONSEQUENCE OF: far une / I day
ANTECEDENT CAUSES (B) JOXI	c Myo cards of ashy)
DISEASES OR CONDITIONS, if ony, giving nso to the obove couse (A) stating the UNDERLYING CONDITION tast. (C)	A CONSEQUENCE OF:
Condition Given in Part (a)	Loves to Liver 4 years
198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF LEAST Home, lorm, loctory, street, of DEATH (notify medical examined)	n or obout 21 C. WHERE DID (II in Boltimore City, give exect location)
21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
(APPROX.) While At Work At Work	
22. I certify that (i) (this hospital) attended the deceased from	5/31 19 72 to 5/4 19 32
that (I) (we) lost saw the deceased alive on 5	19 7 2 ond that in (my) (our) opinion death occurred on the date
and hour and from the couses stated above. (1) (We) (did) (did not) v	
S. J. Karbhari Atte	nding Med. Stoff S
NAME TYPE D. S. KAKISHARI	Lutheran Horfinal.
24A. BURIAL CREMATION, 24B. DATE 24C. NAME #1 CEMETERY OF CRE	MATORY 24D. LOCATION ICity, town, or county) IState)

24D. LOCATION Baltimore Maryland ADDRESS Arlington So Phillips 1727 N. Monroe Street



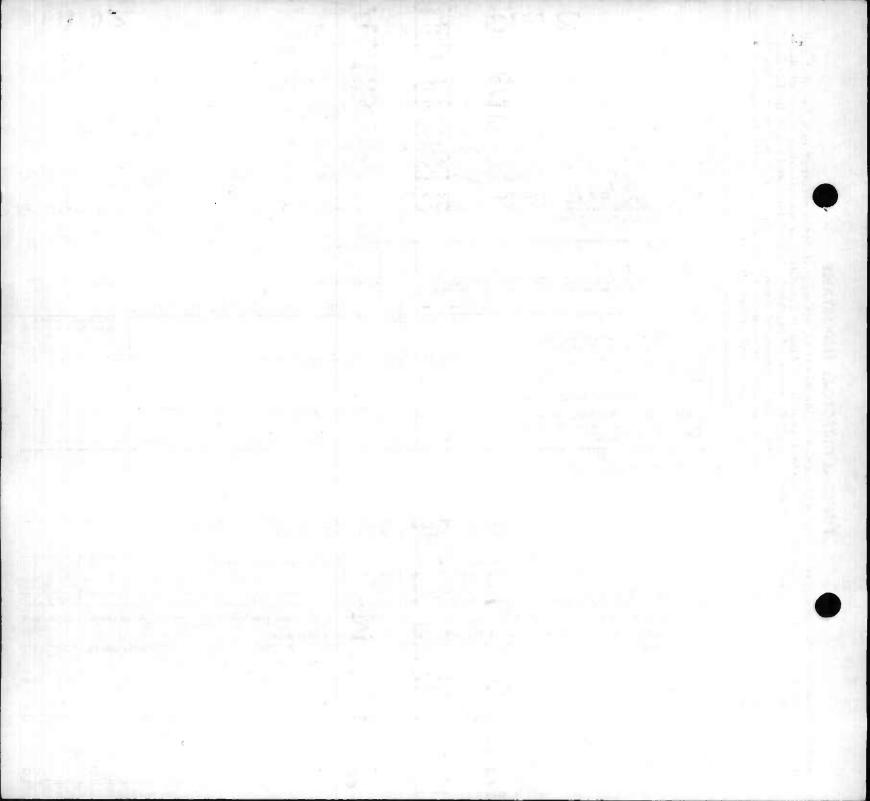
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	77 = (ax ()	Y HEALTH DEPARTMENT
	BIKIH NO.	ATE OF DEATH X REG. NO. 172 04418
	1. NAME OF DECEASED (Type or Print) Robert Wayne Harris	2. DATE AND HOUR OF DEATH
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before admission) A. STATE B. COUNTY
	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATIONI	Md. Baltimore
	211 2	Battimore D. INSIDE CITY LIMITS?
1	University Hospital	E. STREET AND NUMBER
		1921 Guyway
	6. RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE (in years loss birthday) 11/26/25 19. AGE (in years Months Doys Hours Min.
	10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTR'	11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY?
	Lab Tech	AZV
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
		Stella Carubb
	5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown! (If yes, give wor or dates of service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
	18.4/19 3 CAUSE OF DEAT	THE PROPERTY OF THE PROPERTY OF
	DISEASE OR CONDITION DIRECTLY	When O I TO
	(This does not mean the mode of dying, e.g., (A) IMMEDIATE CA	USE Homelina c municipal
I	heart failure, asthenia, etc. it means the disease, injury or complication which caused death.)	A CONSEQUENCE OF:
	ANTECEDENT CAUSES	ALCUD
1	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS	A CONSEQUENCE OF:
	ise to the abave cause (A) stating the UNDERLYING CONDITION tost. (C)	My D Myoundral Infairhow me
	11	A second
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF CONDITION GIVEN IN PART 1 (A)	etai Anemic
	O DISEASE OR CONDITION GIVEN IN PART 1 (A). 1994 DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION	120A AUTORSYS (Var. or Nall 2008, 15 yes, 1975, 1975)
	WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	OR CONTRIBUTING CAUSE OF home, farm, factory, street, a	n or about 21C. WHERE DID (If In Boltimore City, give exact location) (If In Boltimore City, give exact location)
	21D. TIME (Manth) (Day) (Yearl (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
I	(APPROX.) While At Not While At Work At Work	
	22. I certify that (1) (this hospital) attended the deceased from	19 7 to 19 3
	that (i) (we) last saw the deceased alive an 5	and that in (my) (our) opinion death accurred an the date
	and haur and from the causes stated above. (1) (We) (did) (did not) v	iew the bady after death.
	23A SIGNATURE	nding Med. Shaff
	CO PHYSICIAN DEGREE Phy	Director Phys. S + 70
	NAME (Typel	23D. ADDRESS
12	4A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY OF CRE	WW A
	REMOVAL (Specify) S/7/2 Loughes Hopking (totally totally to country (stude)
2	5A. DATE REC'D BY HEALTH REPT. 25B. NAME OF REGISTRAR	25C ELINEDAL DIDECTOR
	MAY 9- 1972 Paled & Mary MA O	O JOHN & DU DASTUN HOME TONNISE AVE. 21222
V	\$ 150-REV ₀ 1/1/68	TOTAL FIVE, LICLE



the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the Such This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. written approval must be obtained before the remains are embalmed or final disposition is made.

0	BALTIMORE CITY	HEALTH DEPARTMENT		Pro o Lilian
# -300 72 044	19 CERTIFICA	TE OF DEATH	REG. NO.	72 04419
1. NAME OF DECEASED		2. DATE AND	HOUR OF DEATH	-15
3. PLACE IN BALTIMORE, MARYLAND, WHERE PR		4. USUAL RESIDENCE (Where	decented lived If in-	thutiant residence before
THE PARTY OF THE P	ONOUNCED DEAD	A. STATE B. COUNT	Y	titution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)	ISTITUTION, GIVE STREET	Maryland		1304
Provident Hospis	Lal Fre	C. CITY OR POWN	D. INSID	DE CITY LIMITS?
2600 Liberty Heigh	to Avenue	E. STREET AND NUMBER		YES NO NO
Baltimase Musula	21217	2	/	. 1
5. SEX 6. RACE 7. MARI		112 - 711	AGE (In years	Il Under 1 Yr. Il Under 24 Her
M Black WIDO	2	4/15/19	ost birthday)	Il Under 1 Yr. Il Under 24 Hrs. Manths Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work 108, KIN		11. BIRTHPLACE (State or foreign	n country)	12. CITIZEN OF WHAT COUNTRY?
done diring most of working life, even if relired)		2 11.	m /	/ ()
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	Maryland	8 U.S.A.
		MOTHER'S MAIDEN NAM		
Jack Reed		Unknown		
15. Was Deceased Ever in U. S. Anned Forces? (Yes, no or unknown) (If yes, give war ar dotes of serv	ice) SECURITY NO.	17. INFORMANT		ADDRESS
no	+32-03-9080	Mrs Mary Wi	Illiams.	same
18.303.2.1	CAUSE OF DEAT			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY		Oica		BETWEEN ONSET AND DEATH
LEADING TO DEATH (This does not mean the mode of dying,	(A) IMMEDIATE CAL			ankrimn
heart failure, asthenia, etc. It means the dise	dee, DUE TO, OR AS	A CONSEQUENCE OF:		
injury ar complication which caused death.)	20.	· B ·	0 ,	
ANTECEDENT CAUSES	(B) M	ome Ban	hundro	me
DISEASES OR CONDITIONS, if any, gl	ving DUE TO, OR AS	A CONSEQUENCE OF:		
UNDERLYING CONDITION last.	(c) Urr	me alloholis	m	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMIN	NG			
DISEASE OR CONDITION GIVEN IN PART 1 (A).	**************			
19A DATE OF OPERATION 19R CONDITION F	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	IN CERTIFYING CAUS	NDINGS CONSIDERED SES OF DEATH?
OTHER SIGNIFICANT CONDITIONS CONTRIBUTI TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 179E. CONDITION F WAS PERFORMED	218 PLACE OF INJURY (e.g., i	or should C WHERE DID	ut a B-la	
OR CONTRIBUTING TICALISE OF	home, form, foctory, street, of	fice bldg., INJURY OCCUR?	(it in soltimore	City, give exact location)
OI.				
S OF INJURY	While At Not While	21F. HOW DID INJU	RY OCCUR?	
(APPROX)	Work At Work		60.	1
22. I certify that (i) (this hospital) attend	ed the deceased from	4/26 19	72 to 5	17 19 22
that (1) (we) last saw the deceased alive	5 1 00 1	19 7.2 and that	In (my) (aur) apini	an death accurred an the date
and haur and from the causes stated abov	e. (1) (We) (did) (did nat) v			b
23A. SIGNATURE			E	238, DATE SIGNED
Mundt. I lourbut	/// / DL	nding Med. Si	hys.	5/9/12
23C. PHYSICIAN'S	DEGREE Phys	Director Pl	iys. En	
NAME (Type) A P. PARA	TIO M.D.	PROVIDENT	Hero D	(1- /17
24A. BURIAL CREMATION, 24B. DATE 24	C. NAME OF CEMETERY OF CRE	MATORY 24D. LOC	11021. 181	ILTO, MU-
REMOVAL (Specify)		_ 74 4		
Burial 5/8/72	MT Auburn C		ltimore, M	
MAY 9 - 1972 Valent & Jack	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	1 -+ 1 100	ADDRESS
MICH O NOTE OFFI	7	Adolphus Ha	Istead 120	06 W worth Ave
V\$ 150-REV. 1/1/68	4	-wi		

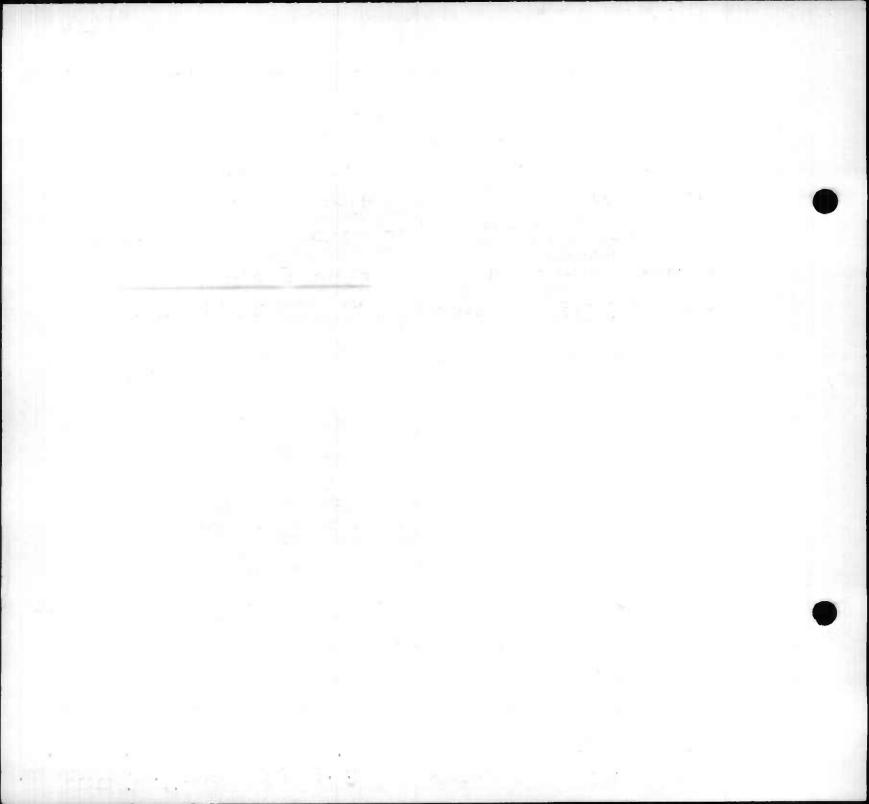


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14	17	50	_

ALTIMORE CITY HEALTH DEPARTMENT

		7	13/1
REG.	NO.	C Comment	Ch.T.

I. NAME OF DEC	04420	CERTIFIC	ATE OF DEATH REG	NO. 12 U442U
/T		JOHN DARROL	2 DATE AND HOUR OF	
		WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased	lived. If institution residence before admission
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPI ADDRESS OR LOC	TAL OR INSTITUTION, GIVE STREET	MD B. COUNTY	903
		LTH SERVICE	BALT MORE	D. INSIDE CITY LIMITS?
	PK. DRIVE	-	E. STREET AND NUMBER	YES NO NO
+ 3)	T2 . X		3628 ELKADE	R RD.
SEX	6. RACE	7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In y	ears II Under 1 Yr If Under 24 Hrs
		WIDOWED DIVORCED	1] 9/29/1895 Gar unincoy)	
SERVICE SERVICE	MON-ARM	MILITAR OFFICE	BIKINFLACE (State or loreign country)	12 CITIZEN OF WHAT COUNTRY
FATHER'S NA	ME THOMAS		14. MOTHER'S MAIDEN NAME	
SEORGE	/		ELIZABETH	MCGOFF
es, no or unknown	Ever in U. S. Armed Fo	os of service) SECURITY NO.	MRS MATILDA	DARROUGH
18. 199	1 + 2 5	CAUSE OF DEA		APPROXIMATE INTERVAL
DISEAS	E OR CONDITION DI	RECTLY		BETWEEN ONSET AND DEATH
(This does a	LEADING TO DEATH	(A)IMMEDIATE C	AUSE CANCER/SUS	PEATED) & MONTHS
l heart foilure.	al meon the mode of asthenio, etc. Il means	the disease DUE TO, OR A	S A CONSEQUENCE OF:	
injury of com	plication which caused	death.)		
	INTECEDENT CAUSES			
nise to the	R CONDITIONS, if abave cause (A)	any, giving DUE TO, OR A	S A CONSEQUENCE OF:	***************************************
UNDERLYING	CONDITION last.	(c)	***************************************	
7	11			
DISEASE OR CO	CANT CONDITIONS CO I BUT NOT RELATED TO TO ONDITION GIVEN IN PAR	HE TERMINAL	ES MELLITUS, HEA	STILLINE YEARS
19A-DATE OF	WAS PER		20A AUTOPSY? (Yes or No.) 20R IF YES IN CERTIFY	WERE FINDINGS CONSIDERED
. OR CONTRIBU	T WAS UNDERLYING TING CAUSE OF medical examiner	21B PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or about 21C. WHERE DID (II In office bldg., INJURY OCCUR?	Bolilmare City, give exact lacotion)
21 D. TIME OF INJURY	(Month) (Day) (Year	(Hour 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR	
(APPROX.)		While At Not While At Work	lle 🗂	
	has (ME/abt = t =) attended the deceased from S		~ 10
22. I certify	THE PARTITION PROPERTY			5/8 1977
		d allow on 18	20 1	
that (H) (we)	last saw the decease		19 and that in (my) (c	our) opinion death occurred on the date
that (H) (we)	last saw the decease from the causes stat	ed above. (15 (We) (did) (did) (did)	view the body ofter death.	
and hour ond	from the causes state	red above. (1) (We) (did) (did) (did)	view the bady ofter death.	pur) opinion death occurred on the date
and hour ond 23A SIGNATUI 23A SIGNATUI 23C PHYSICIAI	from the causes state	red above. (IT (We) (did) said mon	view the bady ofter death. ending Med. Staff plrector Phys.	
and hour and 23A SIGNATUI 23C. PHYSICIAI MAME (TY)	from the causes state E C F F F F F F F F F F F F	red above. (1) (We) (did) (did) (did)	ending Med. Shaff Director Phys. 22D. ADDRESS	238. DATE SIGNED 5/862
and hour ond 23A SIGNATUI 23C. PHYSICIAI NAME (Ty FIR A	from the causes state LE LE LE LE LE LE LE LE LE L	DEGREE PH	ending Med. Staff Phys. Director Phys. Director Hos PIT	238. DATE SIGNED 5/862
and hour ond 23A SIGNATUI 23C. PHYSICIAI NAME (Ty	from the causes state E C F F F F F F F F F F F F	DEGREE PH	ending Med. Staff Director Phys. 220. ADDRESS U. S. PHS HOSPIT	238. DATE SIGNED 5/8/0 2
that LIT (we) and hour ond 23A SIGNATUI 23C. PHYSICIAI NAME (Ty FIC A P 24A. BURIAL CREA REMOVAL (S) En tombme	from the causes state RE RS PS PS PS PS PS PS PS PS PS	DEGREE PH LA) M, JR. 24C.NAME of CEMETERY OF CI LOTTaine Park	ending Med. Staff Phys. 22D. ADDRESS U. S. PHS HOSPIT REMATORY Baltimore	AL BALT, MD. (City, town, or county) (Stote)
and hour ond 23A SIGNATUI 23C PHYSICIAI NAME (Ty FIE A 4A. BURIAL CREA REMOVAL (S) Eb tombme	dast saw the decease from the causes state ELLS R. T. PS PS R. F. AATION, 24B. DATE DOT 15/12/7 BY HEALTH DEPT.	DEGREE PH	ending Med. Staff ys. Director Phys. D 23D. ADDRESS W. S. PHS HOSPIT EMATORY 24D. LOCATION Maus Baltimore 25C. FUNERAL DIRECTOR	AL BALT MD. (City, town, or county) (Stote)



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hospital and luse of death (5) Deceased dance on the Such leath. rect or contributing cause (4) Undetermined cause; (5) T attend prior-to occurred regular is mad deceased disposition death = MOS the direct assistant if death HO kind; or final attendance A fracture of any pronounced embalmed in regular examiner. examiner who GLB 3 the physician before the remains chief medical Was medical burns; No physician of any nature; (2) Body 0 where the body was released to the hospital

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO. 2. DATE AND HOUR OF DEATH I. NAME OF DECEASED 50 (Type or Print) NORM 3 2 PM. USUAL RESIDENCE I Where deceased lived, Il institution; residence before admission) 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD A. STATE B. COUNTY ANNE ARUNDEL FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) D. INSIDE CITY LIMITS C. CITY OR TOWN ANNAPO YES -NO Z E. STREET AND NUMBER 5. SEX 8. DATE/OF BIRTH 9. AGE (In years If Under 1 Ya If Under 24 Hrs. 6. RACE MARRIED NEVER MARRIED 8 WIDOWED DIVORCED TOA. USUAL OCCUPATION (Give kind of work TOB, KIND OF BUSINESS OF INDUSTRY IT. BIRTHPLACE done during most of working life, even if reflect)

DEPUTY SECRETARY MD STATE PLANNING DOTAL NEW 12. CITIZEN OF WHAT COUNTRY? (State or foreign country) done during most of working life, even it reflects
DEAUTY SECRETARY, MI
13. FATHER'S NAME ROLAND HEBOEN LANCHE ADDRESS 15. Was Deceased Ever in U. S. Anned Forces? (Yes, no or unknown) (ii) yes, give war at doles of service) 17. INFORMANT 6. SOCIAL MARGARET M. HEBDEN SECURITY NO. SAME APPROXIMATE INTERVAL CAUSE OF DEATH BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not mean the mode of dying, e.g., heart failure, authenia, etc. It means the disease, DUE TO, OR AS A CONSEQUENCE OF: injury or complication which caused death.) ANTECEDENT CAUSES (B) DUE TO, OR AS A CONSEQUENCE OF: DISEASES OR CONDITIONS, If any, giving rise to the above cause (A) stating the UNDERLYING CONDITION lost CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) 20A. AUTOPSY? (Yes or No) 208 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A-DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION WAS PERFORMED OR CONTRIBUTING CAUSE OF 218 PLACE OF INJURY 10.g., in or about 21 & WHERE DID home, farm, factory, street, office bidg., INJURY OCCUR? (II In Boltimore City, give exact location) MEDICAL. DEATH Inosily medical examined obtained OF INJURY (Month) (Day) (Year) (Houd 21 & INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While At Not While (APPROXI Work At Wark 22. I certify that (1) (this hospital) attended the deceased from 19 and that in(my) (aur) apinion death accurred on the date pe that (1) (we) last saw the deceased alive on, and hour and from the causes stated above. (1) (We) (did) (did not) view the body after death. must 23A. SIGNATURE 238, DATE SIGNED Phys. Attending Med. written approval Phys. 23 CAPHYSICIAN'S NAME (Type) 23D. ADDRESS Robert Wlensky, M. D. OEGREE J Md. General Hospita] 24A. BURIAL CREMATION, 248. DATE 24C, NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county! BaltolCo. Burial /10/ Druid 25C. FUNERAL DIRECTOR Jenkins & Son Co. 4905 York Rd. Sons VS 150-REV. 1/1/68

PAE 5, BOX 187 A

8/22/07

ROLAND HEBBEN A. BLANGHE M. PHAIL

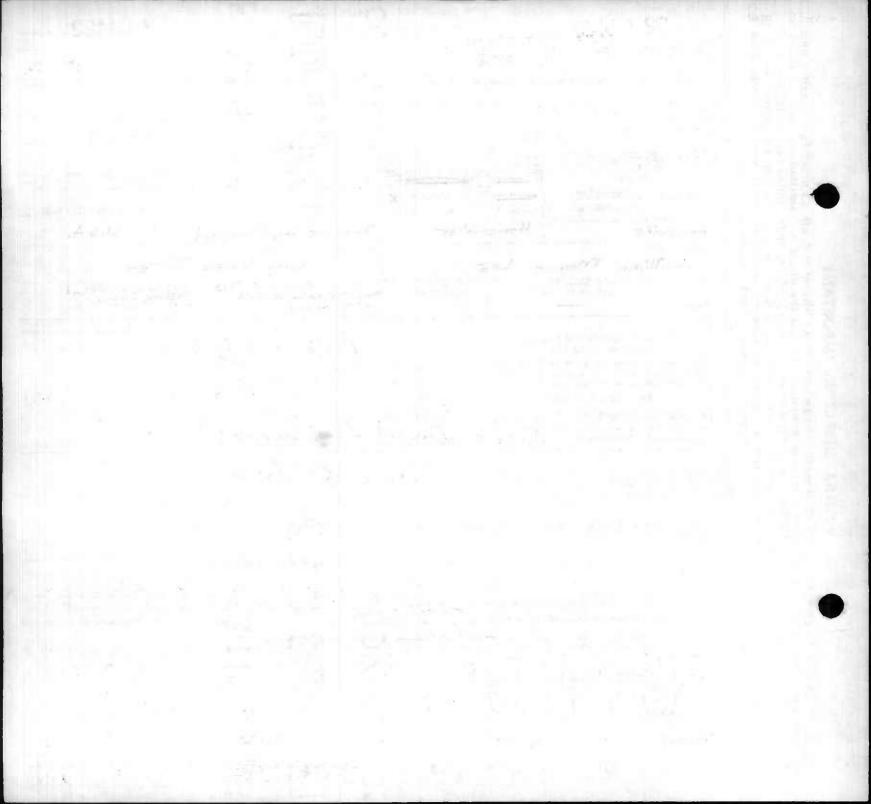
CD () MRS MAREARET M. MEBOSH

MARGIAND GENERAL HOSPIONL

YES WINTE BYRH

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

	70	04422			Y HEALTH DEPARTMEN		72 0	4422
	RTH NO.	(Laid HI	ice He	CERTIFICA	TE OF DEATI	1		
(1)	ype or Printl	Hench, Li	la Ala	CE	5	17/72	1	9:05 P.
3.	PLACE IN BAL	TIMORE MARYLAND, V	HERE PRONG	DUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If	institution; re	sidence before admission)
FI	ULL NAME OF	HE NOT IN HOSPIT ADDRESS OR LOC	AL OR INSTI	TUTION, GIVE STREET	Maryland			203
	OSPITAL OR				C. CITY OR TOWN	D. 18	ISIDE CITY LI	
п .		e City Hospit	als		Baltimore	R	YES X	NO L
1	4940 Eas Baltimor	tern Avenue	21224		935 Fell			
5.	SEX Female	6. RACE Caucasian	7. MARRIED		8. DATE OF BIRTH 7/9/30	9. AGE (In years lost birthdoy) 47	II Under Months	1 Yr. If Under 24 Hrs. Days Hours Min.
(0.			WIDOWEL	DIVORCED X		foreign country)	112 CITIZ	EN OF WHAT COUNTRY
do	to during most of	working life, even if retired)		EMAKET.	Baltimore City			U.S.A.
13.	FATHER'S NA				14 MOTHER'S MAIDEN			C. 3.17.
-10		ism WONE		EE	Luc	y HEIEN T	OHEN	
15. (Ye	Was Deceased es, no or unknown	Ever in U. S. Armed Fo (If yes, give wor or dak	cos? is of service)	SECURITY NO.	Records: BCH	4940 Easter	n Avenu	APBREZ 4
Г	18. 5 7/	.01		CAUSE OF DEAT	н		1.	APPROXIMATE INTERVAL
		E OR CONDITION DI LEADING TO DEATH	RECTLY		D. H.	OEI.		ETWEEN ONSET AND DEATH
	(This does n	ot mean the mode of	dving. e.g.	(A) IMMEDIATE CAL	A CONSEQUENCE OF:	hal fortun	9	LARRAY.
	heart failure,	asthenia, etc. It means	the disease	DOE 10, OR AS	A CONSEQUENCE OF:		/	
		ANTECEDENT CAUSES		Bleeds	my Esophased	x Corkec 6	Mice	72 Louis
	DISEASES C	R CONDITIONS, il	any, giving	DUE TO, OR AS	A CONSEQUENCE OF:	1 . 3 .	-	
		above cause (A) CONDITION last,	stoling the	+ 10 Chrone	e Alsoholin	Liver Dar.	eore	7
z		- 11		27	. 11 1	0		0
2	TO THE DEAT	ICANT CONDITIONS CO H BUT NOT RELATED TO T	HE TERMINAL	Chia	ue Alledhot	um		*/
ERTIFICATION	19A. DATE OF	OPERATION 198 CON WAS PER	DITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes o	Nol 208 IF YES, WER	E FINDINGS OF D	CONSIDERED EATH?
CE	21A. ACCIDEN	TING CAUSE OF	210	FLACE OF INJURY (e.g.,	n or about 21 C. WHERE DI	Q (If In Boltim	ore City, give	exoct locotion)
N S	DEATH (notify	medicol exominen	eic	ne, farm, factory, street, of J	nice bidg. INJURY OCCUI	7		
EDI	21 D. TIME	(Monthi IDoy) (Yearl	(Hour) 218	INJURY OCCURRED	21F. HOW DID	INJURY OCCUR?		
×	(APPROX.)		Wi	hile At Work Not While	• 🗆 .		-/ -	/
	22. I certify	that (I) (this hospital) attended t	the deceased from	4/18/	19 72 10 3	1-71	19/2
		last sow the decease		5/7/ 92		that in (my) (our) a	inion death	occurred on the date
	and have and	from the causes sta	ed abave. (H (We) (did) (did not) v				
	23A SIGNATU	F () 11	4				238, DATE	AGNED /
	WAR		und	M D DEGREE Phys	nding Med. Director	Stoff Phys.	5/	7/12
	23C, PHYSICIA NAME (T		1	+ , 0	230. ADDRESS Baltin	more City Hos	pitals	1
24	A. BURIAL CREA	MATION, 248. DATE	Wuh	order!	4940 Eastern			
1	REMOVAL (S	pecifyl					City, town, or	
25	A. DATE REC'D	May 9, 19		PERGISTRAR		SEI Au Harford	Co. WISH	2/404 5101A
	MΔY	9-1972 Role	P. 3 80	abes AD	25C. FUNERAL DIREC	map Foster W.	Brundwa	A Colliams St
Ve	150-PEV 1/1/4		1	1 10	John will	of the se	es elle w	VIOIZ presturent



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

K545	0.6.4.00			HEALTH DEPAR			72 0	4423	2
BIRTH NO.	72-02-89		CERTIFICA	TE OF DE	ATH	REG. NO	14 0	TICC	,
Type or Print)	SED HILL	3404	-1		2. DATE AN	D HOUR OF DEATH			
V	Vvetta Lynn	Kinlei	n A	γ-	516	1100			
3. PLACE IN BALTI	MORE MARYLAND, V	HERE PRONO	UNCED DEAD	4. USUAL RESID	ENCE (Whe	re deceased lived. Il	institution; resid	ence belore	odmissio
TULL NAME OF	UF NOT IN HOSPIT	AL OR INSTIT	UTION, GIVÊ STREET	Md.		1002.00		130	7
NSTITU ION R	TIFICA	TT	MENDE	CITY OR TOW	N ı	D. INS	SIDE CITY LIMIT	5?	1 (000
U	niversity M	arylan	d Hosnital		timo	1-6	YES 🔽	NO	
50				E. STREET AND	NUMBER	Green 57	·an		
SEX 6.	RACE		NEVER MARRIED	8. DATE OF BIRTH		9. AGE (In years	II Under 1 Months Do	Yr. II Un	der 24 Hr
A HELIAL OCCUP	A TION I COMPANY	WIDOWED		4/30 7		11. 1. 1	4		
one during most of wor None	rking lile, even il retired}	None	BUSINESS OR INDUSTRY	Baltim			12. CITIZEN	OF WHAT	COUNT
FATHER'S NAME				14. MOTHER'S M	AIDEN NA	ME			
James H.	Kinlein			Clades 7 and 4	251 7	3			
Was Deserred E.	- 11 C A 1 F.	ces?	1 6. SOCIAL	Shirley A	mn Mil	Ler	AD	DRESS	
NO NO	yes, give wor or dole	s of service)	None						21234
18. 17 11 17	V .		CAUSE OF DEAT	James H.	Kinlei	n 7711 Ches	st nut Av	e. Ba	lto.
1 66. []	OR CONDITION DI	AC CORL W	CAUSE OF DEAT	1			BETW	PROXIMATE	AND DEA
LE	ADING TO DEATH	RECILY		0 -		1 (,	
(This does not	mean the mode of	dying, e.g.,	(A) IMMEDIATE CAU	SE THE		halic		6 de	43
heori foilure, as	thenia, etc. It means cation which caused	the disease	DOE 10, OK A3 /	A CONSEQUENCE (or:				
The second secon	TECEDENT CAUSES	0001114							
	CONDITIONS, if		(B)DUE TO, OR AS						
rise to the	obove cause (A)	sloting the	DUE TO, UK AS	A CONSEQUENCE	OF:				
UNDERLYING C	CONDITION last.	-17 -27	(c)						
	11								
I IO THE DEATH 8	NI CONDITIONS COL	IE TERMINAL					Î		
	PERATION 198 CON	1 (A)	MUICH ORDATION	1204	70				
19A. DATE OF OF	WAS PERF	ORMED	VALUE OPERATION	20A. AUTOPSY?	(Yes or No)	20B. IF YES, WERE	FINDINGS COL	SIDERED	
21A. ACCIDENT	WAS UNDERLYINO	21B.	PLACE OF INJURY (e.g., in	or about 21 C. WHI	FRE DID				
OR CONTRIBUTION	NO CAUSE OF	hom etc.)	e, torm, toctory, street, att	ice bldg., INJURY	CCUR?	lit in Bollimor	e City, give exc	ct locotion)	
OF INJURY	Aonthi (Doyl (Yeori		INJURY OCCURRED	1	LINI DID A	JRY OCCUR?			
(APPROX.)		Whi	le At Not While						
22. I certify the	at (1) (this hospital)	attended th	ne deceased from 4/	30	10	972 to 5/6	6		0.72
that (1) (we) las	st saw the decease	d alive an	5/6			t In (my) (aur) apl		15	9.72.
			(We) (did) (did nat) vi	and had a land	t	in (my/ (dur/ dpl	man death oc	curred on	the dat
23A. SIGNATURE				ew the bady after	er death.		228 5 495 416	ALED	
	dely	710	Atten	ding Med	. 🗖 9	Shoff CT	23 B. DATE SIG		
23C. PHYSICIAN'S NAME (Typel	Dely.	RGIC	DEGREE Phys.	Direction Direct	ctor 🔲 🖡	hys. O	3/6	72	
A. BURIAL CREMA REMOVAL (Spec	TION, 1248, DATE		DEGREE .ME of CEMETERY OF CRE	MATORY	24D. LO	CATION (Cit	ly, town, or cou	inty)	(Stote)
Burial	5/8/72								
A. DATE REC'D BY		258. NAME Q	Parkwood Cemet			kville B	alto.	Donner	Md.
MAY O		LB E. 30		25C, FUNERAL				DDRESS	2123
150-REV. 1/1/68	V40	AD 5 40	HOEL NED)	Lessahn	runer	al Home 740	l Belair	Rd.	Balto

6-2-1972 - Letter from Parent, James H. Kinlein and Birth Certificate #72-06189

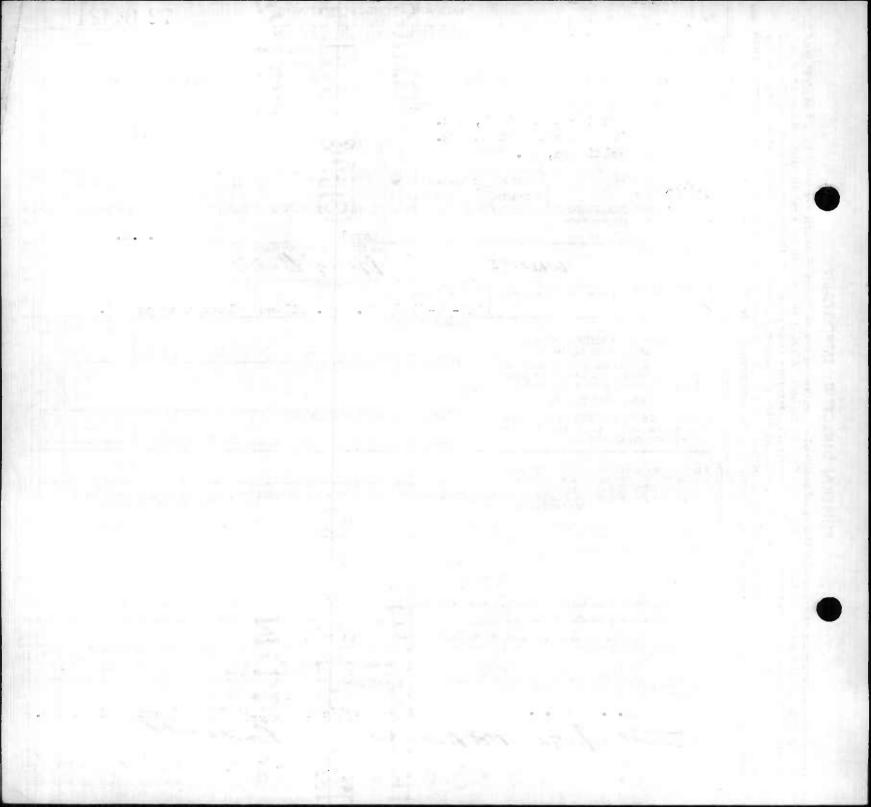
HRS

also hospital called on address which is 3811 Roland ave

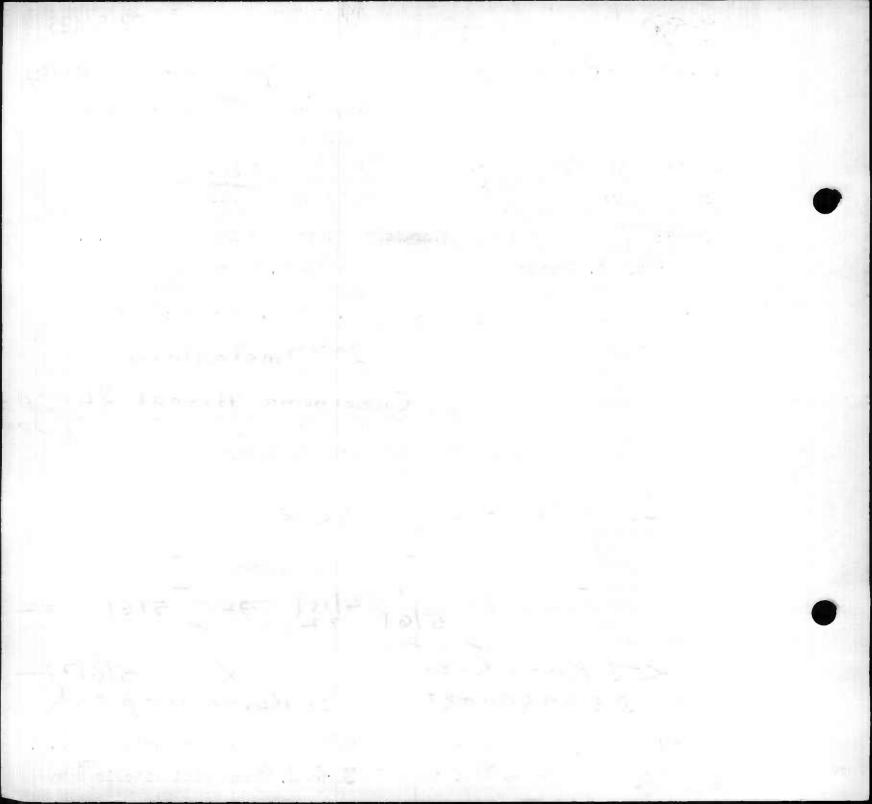
Dame as birex Cert. 72-06189 HB

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1.1 < 27		HEALTH DEPARTMENT		72 04424
00-500 72 0442 BIRTH NO.	4 CERTIFICA	TE OF DEATH	REG. NO.	7C 044C4
TYPE OF PRINT WHIMS, ALBE	RT	2. BATE ANI	D HOUR OF DEATH	1 2 0
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	A STATE B COUNT		institution: residence before admission)
FULL NAME OF OF HOT IN HOSPITAL OR IN	STITUTION. GIVE STREET	M.D		1601
HOSPITAL OR ADDRESS OR LOCATION Provident Hospi	tal, Inc.	C. CITY OR TOWN		SIDE CITY LIMITS?
2600 Liberty He	eight Ave.	Ballimore		YES NO
39 Baltimore, Md.	21215	1144 N. FRE	MONT .	Ave
5. SEX 6. RACE WIDOW	ED NEVER MARRIED W	3.12.09	ost birthday)	Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIND done during most of working life, even if refired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of foreign	a country)	12 CITIZEN OF WHAT COUNTRY
unemployed.		Maryland		U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM		
WHAN	15	MARY BU	クク	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown! (if yes, give war or doles of service)	16-SOCIAL	17. INFORMANT		ADDRESS
WY	219-01-5415	Mr. &Mrs. Tildon	Walten Ab	ordoon Mi
18, / - / / 1	CAUSE OF DEAT		warter Ab	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY		a 0	. 0	BETWEEN ONSET AND DEATH
LEADING TO DEATH	CANIMMEDIATE CA	use Ca Reetum wi	It diver n	relastario
(This does not mean the mode of dying, a heart failure, asthenia, etc. It means the disco	DUETO OR AS	A CONSEQUENCE OF:		
injury or complication which caused death.)				
ANTECEDENT CAUSES	(B)			
DISEASES OR CONDITIONS, if any, giv	ing DUE TO, OR AS	A CONSEQUENCE OF:		
UNDERLYING CONDITION lost	(C)			
10				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMIN	NG.			
DISEASE OR CONDITION GIVEN IN PART 1 (A).		1001		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19A. CONDITION FI WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING TO	OR WHICH OPERATION	NO	IN CERTIFYING C	FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examined) 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21B. PLACE OF INJURY (e.g., home, farm, factory, street, cetc.)	in or about 21 C. WHERE DID	(it in Boltim	ore City, give exact location)
OF INJUSY (Month! (Doy) (Year) (Hour)	21E INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
& (APPROX)	While At Work At Work	· 🗆		
22. I certify that (1) (this hospital) attende			9 12 10	5-4 1972
that (i) (we) lost sow the deceased alive	5	4 19 72 and the	t in(my) (our) or	pinion death occurred on the date
and hour and from the causes stated above			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
23A. SIGNATURE	2 (1) (110) (010) (010 1101)	view the body diter deaths	. /	23B, DATE SIGNED
(Cocinda)		ending Med.	Staff Phys.	5.4.72
	DEGREE Phy	23D. ADDRESS	rnyt.	
23C.PHYSICIAN'S NAME (Type)				
R. G. VRAO M. D.	DEGREE	Provident Hospi	tal 2600 I	iberty Height Ave
REMOVAL (Specify)			Pay LTE M	Only of County, (Male)
Burn Officha	MAAUBUR			
25A, DATE REC'D BY HEALTH DEPT. 25B-NA	E OF REGISTRAR	March Sirector	Al Lagr	635-ngi/min Sa
VS 150-REV. 1/1/68				



1	ANE OF DE	CEASED TYF 1	RONA	5hans		ATE OF DEATH	NO HOUR OF DEAT		8:100
3.	PLACE IN BA	LTIMORE, MA	RYLAND, WH	ERE PRONOUNCE	D DEAD	4. USUAL RESIDENCE (W	nere deceased lived, If	institution: resid	- 1 444
FL	ULL NAME OF OSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATIONI				The state of the court	Anne A	rundel		
H					C. CITY OR TOWN D. INSIDE CITY LIMITS?				
-					Pasadena YES NO A				
1	LUTheNAN HOSPITAL			129 BhidgE DK.					
5.	SEX	6. RACE	1700		EVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	1 1 1 1 1 1	3 0400
		W.		WIDOWED	DIVORCED	7-28-36	last birthday)	Months De	Tr. If Under 24 Hrs. Dys Hours Min.
101	USUAL OCC	UPATION (Give	kind of work I		NESS OR INDUSTRE	11. BIRTHPLACE (State or fo	35 reign country	112. CITIZEN	OF WHAT COUNTRY?
901	e during most of Packer	working life, eve	en if refired)		Laborato				U.S.A
_	FATHER'S NA	ME	i.	21 10 001		14. MOTHER'S MAIDEN NA			
	Edg	gar P.	. Abra	ms		Mattie Y.			
15.	Was Deceased	Ever in U. S.	Armed Farce		OCIAL	17. INFORMANT		Al	DDRESS
	VO.	(If yes, give	war or dates		ECURITY NO.	Mr. John K	Renehan		
_	1B. 17L	XI			CAUSE OF DEAT		Refletiali		APPROXIMATE INTERVAL
	DISEA	SE OR COND	TION DIRE	CTLY		gndary		BETY	WEEN ONSET AND DEATH
	This does	LEADING TO		wing on	(A) IMMEDIATE CAL	ISE ~ M	etast	ary	
	heart lailure,	asthenia, etc.	. It means th	e disease.		A CONSEQUENCE OF:			0
		ANTECEDENT		edin.)	C		0.00	n 14	21 days
						ar en noma	1226.	- 0 6	
	DISEASES (OR CONDITIO	ONS. ii an	v. aivina	(B) DUE TO, OR AS	A CONSEQUENCE OF	1226.	~ 6	/
	rise la th	OR CONDITION	suse (A) s	y, giving tating the	DUE TO, OR AS	A CONSEQUENCE OF:	1246.	76	
	rise la th	OR CONDITION e abave condition	suse (A) s	y, giving tating the	(B) DUE TO, OR AS	A CONSEQUENCE OF:	1376		
NO	rise Ia the UNDERLYING	e abave co G CONDITIOI	nuse (A) s N last,	tating the	DUE TO, OR AS	A CONSEQUENCE OF:	1246		
ATION	OTHER SIGNIFTO THE DEAT	e abave co G CONDITION FICANT CONDITION TH BUT NOT RE ONDITION GIV	TIONS CONT	RIBUTING TERMINAL	(B) DUE TO, OR AS	A CONSEQUENCE OF:	1376		
TIFICATION	OTHER SIGNIFTO THE DEAT	e abave co G CONDITION FICANT CONDITION TH BUT NOT RE ONDITION GIV	TIONS CONT	RIBUTING TERMINAL (A). TION FOR WHICH	(B) DUE TO, OR AS	A CONSEQUENCE OF: 20A. AUTOPST? (Tes ar N			
RTIFIC	OTHER SIGNIF TO THE DEAT DISEASE OR C	e abave co G CONDITION II FICANT CONDITION BUT NOT RE ONDITION GIV OPERATION	TIONS CONT LATED TO THE VEN IN PART I 1198. CONDI WAS PERFO	RIBUTING TERMINAL (A). TON FOR WHICH	(B) DUE TO, OR AS (C)	20A. AUTOPST? (Tes. or N	D) 208, IF YES, WERING C	E FINDINGS CO AUSES OF DEA	PNSIDERED ITH?
RTIFIC	OTHER SIGNIF TO THE DEAT DISEASE OR O 19A-DATE OF	e abave co G CONDITION FICANT CONDITION TH BUT NOT RE ONDITION GIV	TIONS CONTLATED TO THE VEN IN PART I I 198. CONDIWAS PERFO	RIBUTING TERMINAL (A). TON FOR WHICH	(B) DUE TO, OR AS (C)	A CONSEQUENCE OF:	D) 208, IF YES, WERING C		PNSIDERED ITH?
ICAL CERTIFIC	OTHER SIGNIF TO THE DEAT DISEASE OR C 19.A. ACCIDE OR CONTRIBL DEATH (notify 21.D. TIME	G CONDITION CICANT CONDITION CICANT CONDITION CONDITION GIV OPERATION ONT WAS UND ITING CAU	TIONS CONTI LATED TO THE VEN IN PART I 1198. CONDI WAS PERFOI SE OF	RIBUTING TERMINAL [A]. TION FOR WHICH RMED 218. PLACI home, form	(C)	20A. AUTOPST? (Tes or N	a) 208, IF YES, WERI IN CERTIFING C	E FINDINGS CO AUSES OF DEA	PNSIDERED ITH?
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MEDICAL CERTIFIC	oTHER SIGNIF TO THE DEAT DISEASE OR C 19A-DATE OF 21A-ACCIDED OR CONTRIBL DEATH (natify 21D-TIME OF INJURY (APPROXI 22. I certify that (1) (we) and haur and	CONDITION CICANT CONDITION CICANT CONDITION CICANT CONDITION CICANT CONDITION OPERATION OPERATION (Manth) (Do that (i) (this last saw the last saw the column.)	TIONS CONT LATED TO THE LATED T	RIBUTING TERMINAL (A). TION FOR WHICH RMED 218. PLACI home, form etc.J (C)	20A. AUTOPST? (Tes or No. 1) A CONSEQUENCE OF: 20A. AUTOPST? (Tes or No. 1) A COUR? 21F. HOW DID IN 19 7 2 and the second of t	JURY OCCUR?	E FINDINGS CO AUSES OF DEA are City, give ex	PNSIDERED (TH? 19 # 2 ccurred on the date	
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MEDICAL CERTIFIC	oTHER SIGNIF TO THE DEAT DISEASE OR C 19A-DATE OF 21A-ACCIDED OR CONTRIBL DEATH (notify 21D-TIME 22D-TIME 22D-TIME 22D-TIME 22D-TIME 22D-TIME 23A-SIGNATU 23A-SIGNATU	CONDITION ILCANT CONDITION ILCANT CONDITION ILCANT CONDITION ILCANT CONDITION ILCANT CONDITION OPERATION INT WAS UND IT WAS	TIONS CONT LATED TO THE LATED TO THE LATED TO THE LYEN IN PART I 1998. CONDI WAS PERFO iner SE OF iner iner iner shapital) c e deceased uses stated	RIBUTING TERMINAL (A). TION FOR WHICH RMED 218. PLACE home, form etc.) (Hour) 21E. INJUI While At pottended the deco	(C)	20A. AUTOPST? (Tes or Note bldg., INJURY OCCUR? 21F. HOW DID IN	JURY OCCUR? Shoff M. M. M. Shoff M. M. M. Shoff M. M. M. Shoff M. M. Shoff M. M. Shoff M. M. Shoff M.	E FINDINGS CO. AUSES OF DEA are City, give ex 5 / 6 pinian death o	Insidered and the date of the
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WEDICAL CERTIFIC	other signification of the death of the deat	e abave co G CONDITION ILCANT CONDITION ILCANT CONDITION INTERPOLATION OPERATION OPERATION (Manth) (Do that (i) (this iast saw the difter the co	TIONS CONTILATED TO THE PRINCE OF Inert (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	RIBUTING TERMINAL [A]. TION FOR WHICH RMED 218. PLACI home, form etc.] While At [Work 1 above. (I) (Ye) R R A A	DUE TO, OR AS (C)	20A. AUTOPST? (Tes or No COUR? 20A. AUTOPST? (Tes or No COUR? 10	a) 20B, IF YES, WERIN CERTIFYING C (If In Baltim JURY OCCUR? 19 72 ta hat In(my) (por) ap Shaff X Phys. X COCATION (C) Roanoke	E FINDINGS CO AUSES OF DEA are City, give ex Dinian death of 23B, DATE SI City, town, or co Rapids	Insidered and the date of the
WEDICAL CEKILLIC	other signification of the death of the deat	CONDITION ILCANT CONDITION ILCANT CONDITION ILCANT CONDITION ILCANT CONDITION OPERATION OPERATION IT WAS UND ITING CAU: medical exami (Manth) (Do that (i) (this last saw the cause of the ca	TIONS CONTILATED TO THE PRINCE OF Inert (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	RIBUTING TERMINAL [(A). TION FOR WHICH RMED 218. PLACI home, form etc.J TON FOR WHICH While At Wark Ottended the dec alive an above. (I) (We) RRAME of ROAN	DUE TO, OR AS (C)	20A. AUTOPST? (Tes or No COUR? 20A. AUTOPST? (Tes or No COUR? 21F. HOW DID IN 22F. HOW DID IN 23D. ADDRESS MATORT 24D. L 25C. FUNERAL DIRECTO	a) 20B, IF YES, WERIN CERTIFYING C (If In Baltim JURY OCCUR? 19 72 ta hat In(my) (por) ap Shaff X Phys. X COCATION (C) Roanoke	E FINDINGS CO AUSES OF DEA ore City, give ex 5 6 oinlan death o	INSIDERED (TH?) (act lacotton) (GNED (T) (State) (Unity) (State) N . C .



IMPORTANT
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DIRECTOR:
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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, If the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such deceased prior to death, Such written approved must be obtained before the remains are embalmed or final disposition is made.

H-235	~ ~ ^	1100		TE OF DEATH	REG. NO		2 04	150
BIRTH NO. 1. NAME OF DECE Type or Print)	1 -0 0	4426 M. Heus			AND HOUR OF DE	EATH	3	
3. PLACE IN SALT	IMORE MARTLAND, W	CHESE SECNO	UNCED DEAD	THE USUAL RESIDENCE IN	There deceased lived	L II institution:	residence he	lore admission
				A. STATE B. CO			-	->
FULL NAME OF	ADDRESS OR LOCA	AL OR INSTITU	UTION, GIVE STREET	Maryland c. City Or town	Baltimore	. INSIDE CITY	TIMES	20/14
INSTITUTION	0.1	-11	1 0	Dundalk	D.	YES		N I
Roll	impre Cit	1 100	1179	E. STREET AND NUMBER	3	125		LA
-4940 E	Castern Ave.	/ Baltim	ore, Mos	7421 School	Ave. Bal	timore,	Md. 21	.222
SEX	6. RACE	7- MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	II Und	der 1 Ye II	Under 24 Hrs.
Female	Caucasian	WIDOWED	DIVORCED	2_22_03	69			
	PATION (Give kind of working life, even if refired)	108 KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stale of			TIZEN OF WE	AT COUNTRY
Housew				Pennsylvani	a		U.S.A	
3. FATHER'S NAM				14 MOTHER'S MAIDEN N				
	John Bason	m						
5 Wee Deceased	Ever in U. S. Armed For	rees?	1 & SOCIAL	17. INFORMANT	40.4000 =		ADDRESS	
	Ever in U. S. Anned For (If yes, give war or date	e of service	SECURITY NO.	- ell m	4940 X Ea	stern A	ve.	
No			171-07-1318	BCH Records:	Baltimor	e, Md.		ATE INTERVAL
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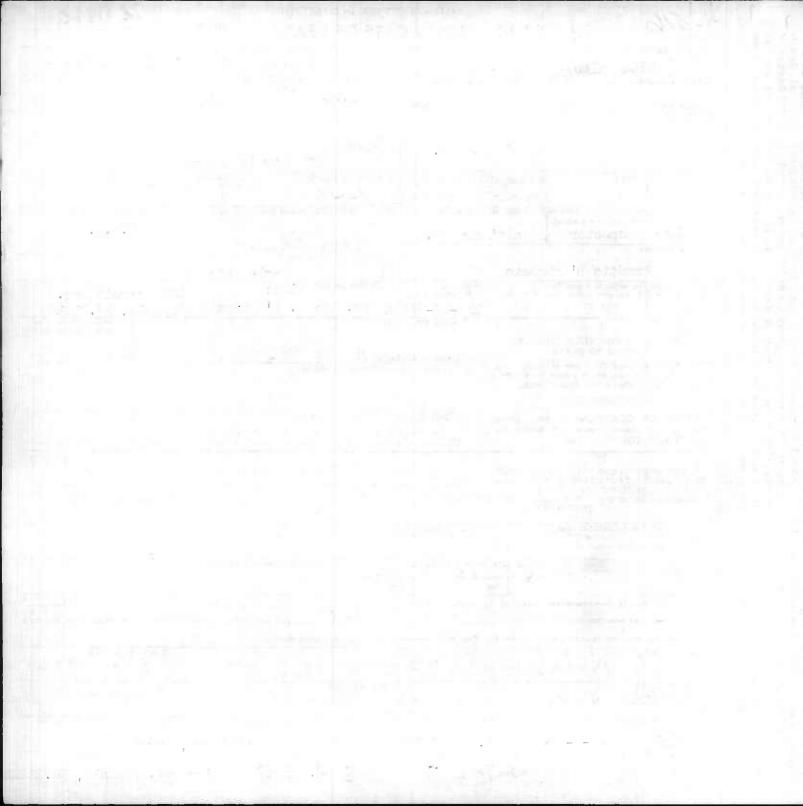
FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
	This control the boshows was Dadecea writte

K-655	170 D	6 2 CN 100	CITY HEALTH DEPART		/12 04427		
BIRTH NO.			ICATE OF DE	ATH KEG. NO.			
1. NAME OF DECEA!	OF HIZE	R. Kuhrmann	CHERL	DATE AND HOUR OF DEAT	1 10 50 PM		
3. PLACE IN BALTIM	ORE MARYLAND, W	HERE PRONO UN OED DEAD	4. USUAL RESIDE	NCE (Where decoosed lived, If	institution: residence before admission)		
FULL NAME OF HOSPITAL OR INSTITUTION	ADDRESS OR LOCA	AL OR INSTITUTION, GIVE STREE	c. CITY OR TOWN	Baltimor	'e Land		
(meren)	will ale	along book	Del	VES NO X			
1 1	niversity H	ospital	E. STREET AND N	UMBER 1901 Harri	son Road		
Female	White	7- MARRIED NEVER MARRIEI WIDOWED DIVORCEI	可9/9/13	9. AGE (In years lost birthdox)	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.		
done during most of week	TION (Give kind of work	TOB KIND OF BUSINESS OR IND	USTRY 11. BIRTHPLACE (SI	ole er loreign country)	12. CITIZEN OF WHAT COUNTRY?		
Housewi	fe	And the second s	Mar	r leand	(n.ZM.		
13. FATHER'S NAME	Henry Hub	er	14. MOTHER'S MA	MIDEN NAME Ellen Arn	oold		
15. Was Deceased Eve (Yes, no or unknown) (If	in U. S. Armed Ferc yes, give wer ar detes	of service) 16. SOCIAL SECURITY NO.	17. INFORMANT	Son:	1935 Denbury Drive		
No		215-52-763	8 Mr. Freder	rick H. Kuhrmann	Dundalk, Md. 21222		
18. 202	121	CAUSE OF	DEATH		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
	OR CONDITION DIRI		7	-) - 1 -	1		
heort lailure, astl	mean the made of tenio, etc. It means atian which caused	the disease,	DR AS A CONSEQUENCE OF	· Jana	LWR		
	ECEDENT CAUSES	1	nal 9		2 mo		
DISEASES OR	CONDITIONS, II o	ny, giving (B)	R AS A CONSEQUENCE C	DF:	***************************************		
UNDERLYING C	bove cause IA) ONDITION last.	stating the (c)					
	11	(0)	***************************************	******************************			
TO THE DEATH BU	NT CONDITIONS CON JT NOT RELATED TO THE DITION GIVEN IN PART	E TERMINAL	i + 114 a no y 44 cu to i aum ongado dos popusos	***************************************			
19A. DATE OF OP	TRATION 198 COND	ITION FOR WHICH OPERATION	Yes		FINDINGS CONSIDERED AUSES OF DEATH?		
OR CONTRIBUTIN	VAS UNDERLYING DE CAUSE OF	21 B. PLACE OF INJURY heme, form, foctory, streetc.)	(e.g., in er ebout 21 C. WHER et, affice bidg., INJURY O	RE DID (II in Boltime CCUR?	ere City, give exoct lecation)		
21 D. TIME (M. OF INJURY (APPROX.)	onth) (Doy) (Year)		White [DID INJURY OCCUR?			
	22. I certify that (1) (this hospital) ettended the deceased from 19 2 to 3 19						
thor (I) (we) los	sow the deceased	olive on 5	19	ond that In (my) (our) op	Inlon death occurred on the date		
ond hour ond fro	m the causes state	d above. (1) (We) (dld) (did	et) view the body ofter	deoth.			
IM B	0	4.4	Attending Med.		23B, DATE SIGNED		
23C. PHYSICIAN'S	lanho	DEGREE	Phys. Direct	or Staff Phys.	5/3/72		
NAME (Typer	PEARCY	MAN	(Mine	1 & G	Mariland Has		
24A. BURIAL CREMAT REMOVAL (Speci	ION, 24B, DATE	24C. NAME of CEMETERY o	CREMATORY	24D. LOCATION (C	ity, town, or county) (Stote)		
Burial	5-8-72	Oak Lawn Cem	eterv	Baltimore,			
MAY Q = 10		58 NAME OF REGISTRAR	25C. FUNERAL D	DIRECTOR	ve. Dundalk, Md.21222		
VS 150-REV. 1/1/6B	7	7 7 7		4.0			

performed the second 9/9/15 56

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such deceased prior to death, but he chartened the free the remains are embalmed or final disposition is made.

D-0/P 72 04428 CERTIFICATE OF DEATH REG. NO. 1. NAME OF DECEASED (Type or Print) Titomantio: D'Ambrosio 2. Date and Hour of Death MAY-5-1972 3. PLACE IN BALTIMOR, MAKILAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceosed lived, If institutions to B. COUNTY	2 04428
Type or Print) This transport is DIA	
L. PLACE IN BALTIMORE, MARTLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution: re	6:00 A.
IIV SINIE & COUNT	esidence before admission
ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET MARYLAND Baltimore	5 300
Dundalk YES	NO X
	NO X
mercy Hospital, Inc. 227 Detroit Avenue	
SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years Months)	Days Hours Min.
Tale White WIDOWED DIVORCED 7-6-96 75	
A USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12, CITIZ	ZEN OF WHAT COUNTR
ne during most of working life, even if refired)	EiS.A.
nectifed inspector Baltimore Co. Italy	LESSEL F. F.
FATHER'S NAME	
Mandato D'Ambrosio Marie Falcone	
TIGHT TO I STOUTE	ADDRESS
Was Deceased Ever in U. S. Armed Ferces? 16. SOCIAL SECURITY NO. 17. INFORMANT Wife: 227 Det	roit Ave.
	, Md.21222
Iss. / / Co. 8 CAUSE OF DEATH	APPROXIMATE INTERVAL
ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION fast. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF CONDITION TO THE TERMINAL DISEASE OF CONDITION OF THE TERMINAL DISEASE OF THE TERMINAL DISEAS	SE BILLYAMED STATE
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UNDERLYING CONDITION last. (C) A THEROSCIEROTIS HEART DISEA (C) A THEROSCI	CONSIDERED DEATH? The exact location; The signed of the date of
INDERLYING CONDITION last. (C) A THEROSCIERO -CIS HEAR A DISEA UNDERLYING CONDITION last. (C) A THEROSCIERO -CIS HEAR A DISEA UNDERLYING CONDITION last. (C) A THEROSCIERO -CIS HEAR A DISEA UNDERLYING CONDITION last. (C) A THEROSCIERO -CIS HEAR A DISEA UNDERLYING CONDITION last. (C) A THEROSCIERO -CIS HEAR A DISEA UNDERLYING CONDITION last. (C) A THEROSCIERO -CIS HEAR A DISEA UNDERLYING CONDITION last. (C) A THEROSCIERO -CIS HEAR A DISEA UNDERLYING CONDITION last. (C) A THEROSCIERO -CIS HEAR A DISEA UNDERLYING CONDITION last. (C) A THEROSCIERO -CIS HEAR A DISEA UNDERLYING CONDITION last. (C) A THEROSCIERO -CIS HEAR A DISEA UNDERLYING CONDITION last. (C) A THEROSCIERO -CIS HEAR A DISEA UNDERLYING CONDITION last. (C) A THEROSCIERO -CIS HEAR A DISEA UNDERLYING CONDITION last. (C) A THEROSCIERO -CIS HEAR A DISEA UNDERLYING CONDITION last. (C) A THEROSCIERO -CIS HEAR A DISEA UNDERLYING CONDITION last. (C) A THEROSCIERO -CIS HEAR A DISEA UNDERLYING CONDITION last. (C) A THEROSCIERO -CIS HEAR A DISEA UNDERLYING CONDITION last. (C) A THEROSCIERO -CIS HEAR A DISEA UNDERLYING CONDITION last. (C) A THEROSCIERO -CIS HEAR A DISEA UNDERLYING CONDITION LAST. (C) A THEROSCIERO -CIS HEAR A DISEA UNDERLYING CONDITION LAST. (C) A THEROSCIERO -CIS HEAR A DISEA UNDERLYING CONDITION LAST. (C) A THEROSCIERO -CIS HEAR A DISEA UNDERLYING CONDITION LAST. (C) A THEROSCIERO -CIS HEAR A DISEA UNDERLYING CONDITION LAST. (C) A THEROSCIERO -CIS HEAR A DISEA UNDERLYING CONDITION LAST. (C) A THEROSCIERO -CIS HEAR A DISEA UNDERLYING CONDITION LAST. (C) A THEROSCIERO -CIS HEAR A DISEA UNDERLYING CONDITION LAST. (C) A THEROSCIERO -CIS HEAR A DISEA UNDERLYING CONDITION LAST. (C) A THEROSCIERO -CIS HEAR A DISEA UNDERLYING CONDITION LAST. (C) A THEROSCIERO -CIS HEAR A DISEA UNDERLYING CONDITION LAST. (C) A THEROSCIERO -CIS HEAR A DISEA UNDERLYING CONDITION LAST. (C) A THEROSCIERO -CIS HEAR A DISEA UNDERLYING CONDITION LAST. (C) A THEROSCIERO -CIS HEAR A DISEA UNDERLY COLOR TO NOT COLOR TO NOT COLOR TO NOT COLOR TO NOT CO	CONSIDERED DEATH? TO Example of the decoration



csk

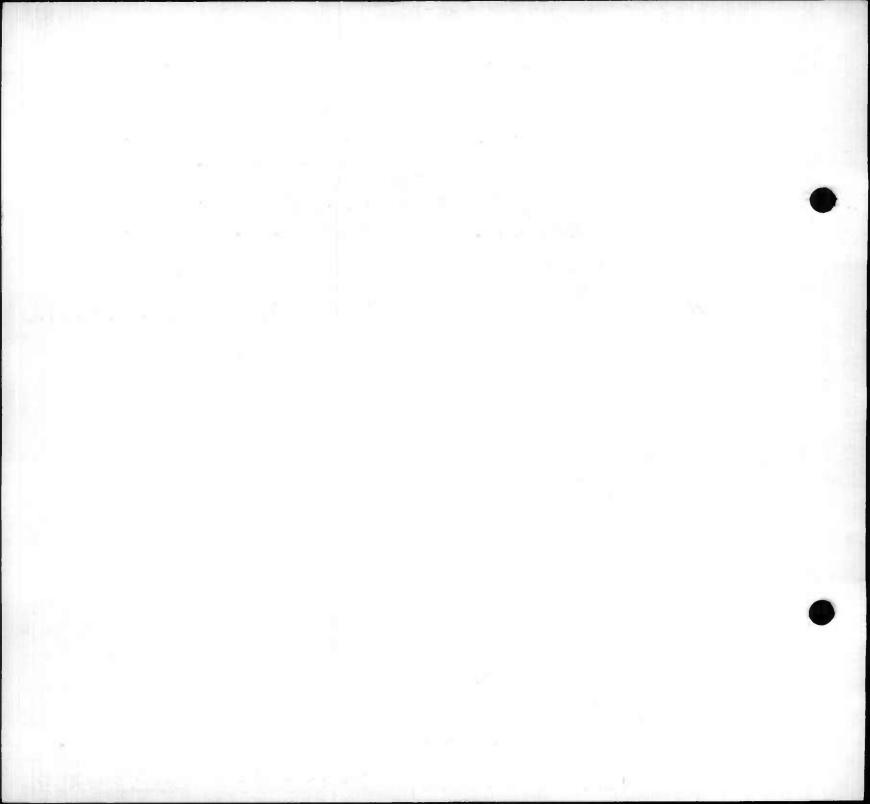
FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a haspital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. VS 150-REV. 1/1/68

BALTIMORE	CITY HEALTH DEPARTMENT
72 04429 CERTIFIC	CATE OF DEATH REG. NO. 72 04429
ikin NO.	
lype or Printly Mary Scott	May 4, 1972 5:10 P
PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	A. STATE R. COUNTY Maryland C. CITY OR TOWN D. INSIDE CITY LIMITS?
Baltimore City Hospitals	Delt-image
4940 Eastern Xve.	E. STREET AND NUMBER
Baltimore, Md. 21224	1302 Broening Highway 21224
SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (in years lif Under 1 Yr. Il Under 24 Hrs. Months; Days Hours; Min.
Female Caucasian WIDOWED DIVORCED	lost birthdey) 2-9-23 Under 1 12 Under 24 Hrs. Months Days Hours Min.
DA. USUAL OCCUPATION (Give kind of work 10 B, KIND OF BUSINESS OR INDUS one during most of working life, even if reflred) Housewife	Maryland 11. BIRTHPLACE (State or loreign country) Maryland U.S.A.
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Richard Klein	Elsie Collison
No Deceased Ever is U. S. Armed Forces? 16. SOCIAL SECURITY NO. 213-22-2466	6 BCH Records: Baltimore, Md. 21224
heart foilure, asthenia, etc. It means the disease, injury or camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving nise to the above cause IA) stating the UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	PAS A CONSEQUENCE OF:
DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 1 121B PLACE OF INJURY (c.	20A. AUTOPSY? (Yos or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFTING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e. OR CONTRIBUTING CAUSE OF home, form, foctory, street etc.)	g, in or about 21C. WHERE DID (II in Boltimore City, give exect location) t office bldg, INJURY OCCURY
21D. TIME IMONTH) (Doyl (Yeer) (Houd 21E INJURY OCCURRED OF INJURY (APPROX.) While At M At W	21F. HOW DID INJURY OCCUR?
22. I certify that (i) (this hospital) ottended the deceased from	May 2 19 72 to May 4 19 72 19 72 and that in (my) (our) opinion death occurred on the date
and hour and from the causes stated above. (i) (We) (did) (did not	
23A. SIGNATURE	23B. DATE SIGNED
23C-PHYSICIAN'S NAME (Type)	Phys. Director Phys. Director City Hospitals
Leon Landau M.D,	4940 Eastern Ave. Baltimore, Md. 21224
A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of REMOVAL (Specify)	
Burial 5-8-72 Oak Lawn Ceme	tery Baltimore, Maryland
A. DATE REC'D BY HEALTH DEET. 258, NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS

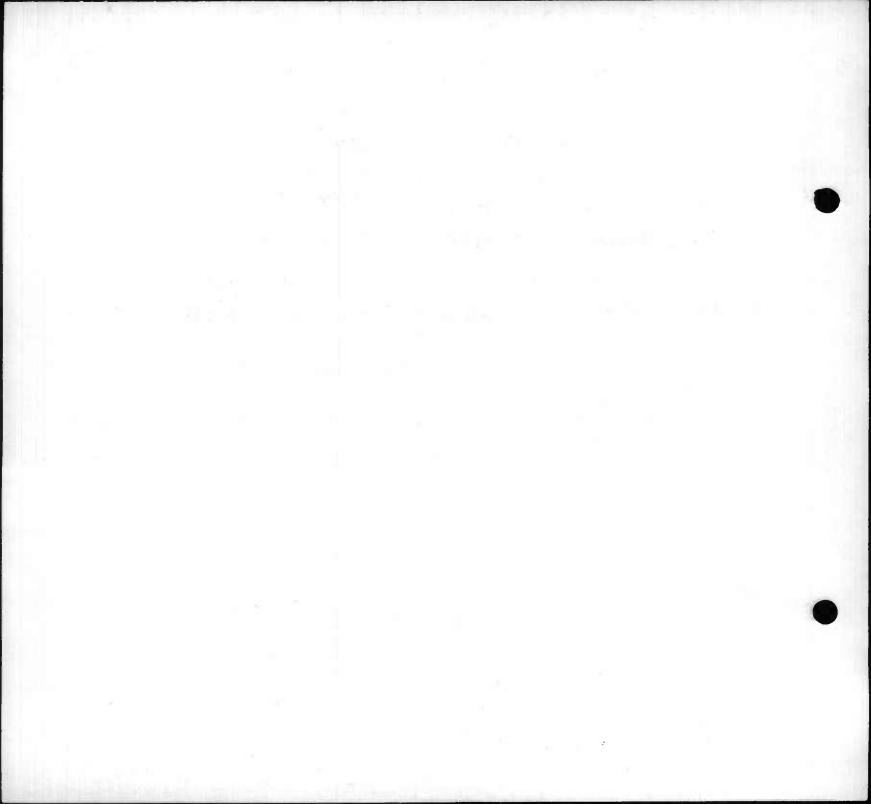
FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
	This certificate must be the body was release shows: (1) An accident was D.O.A. at a hospideceased prior to dea written approval must

A 25.5 PALTIMORE CIT	Y HEALTH DEPARTMENT				
	ATE OF DEATH REG. NO. 72 04430				
1. NAME OF DECEASED					
Dorothy M. Cottman	April 28, 1972				
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived, II institution: residence below odmission) B. COUNTY				
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	Maryland 605				
2421 Lauretta Avenue	Baltimore D. INSIDE CITY LIMITS?				
00	E. STREET AND NUMBER 2421 Lauretta Ave.				
5. SEX 6. RACE 7. MARRIED 7. MARRIED					
S. SEX 6. RACE 7. MARRIED NEVER MARRIED Female Colored WIDOWED DIVORCED	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 His. Months Days Haurs Min.				
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY?				
done during most of working lile, even if relired to the Housewife Clerk Dept. Store	Baltimore, Md. U.S. A.				
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
Robert Lewis	Bessie				
15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL (Yes, no ar unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS				
No	Mr. trad Cottman 2421 Lauretta Ara				
18. CAUSE OF DEAT	H APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	DEL WEEN ONSE! AND DEATH				
(This does not mean the mode of dying an (A)IMMEDIATE CAL	A CONSEQUENCE OF:				
heall lailure, asthenio, etc. Il means the disease, injury or camplication which caused death.)					
ANTECEDENT CAUSES	noma or 6/07/08 18MB.				
	A CONSEQUENCE OF:				
UNDERLYING CONDITION last, (C).					
z					
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL ODSEASE OR CONDITION GIVEN IN PART 1 (A)					
DISEASE OR CONDITION GIVEN IN PART I (A). 1994. DATE OF OPERATION 1998. CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?				
19A. DATE OF OPERATION WAS PERFORMED A-25-71 WAS PERFORMED CAN ALWAYS OF (1 VOS1 43)					
OR CONTRIBUTION CAUSE OF 1218, PLACE OF INJURY (e.g., i	n or about 21C, WHERE DID (II In Boltimore City, give exect location)				
DEATH (notify medical examine)					
21D.TIME (Month) (Doy) (Year) (Hour) 21E.)NJURY OCCURRED OF INJURY (APPROX) (APPROX)	21F. HOW DID INJURY OCCUR?				
Work LJ At Work					
22. I certify that (1) (this hosp)tal) attended the deceased fram 1-13-71 19 ta 4-28 1972					
that (1) (we) last sow the deceased alive an 1972 and that in (my) (aur) apinion death occurred an the date					
and haur and fram the causes stated abave. (1) (We) (did) (did nat) view the bady after death.					
Alle	nding Med. Stoff C				
23C.PHYSICIAN'S	Andrew Med. Steff				
NAME (Type)	Seama malana and				
24A. BURIAL CREMATION, 24B. DATE 24C.NAME of CEMETERY OF CRE					
Burial 5-2-72 Mt. Auburn Ceme					
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25G. FUNERAL DIRECTOR				
MAY 9 - 1972 7 R. & & JaBan Ka	Joseph Jus 2222W, north art				
VS 150-REV. 1/1/68					

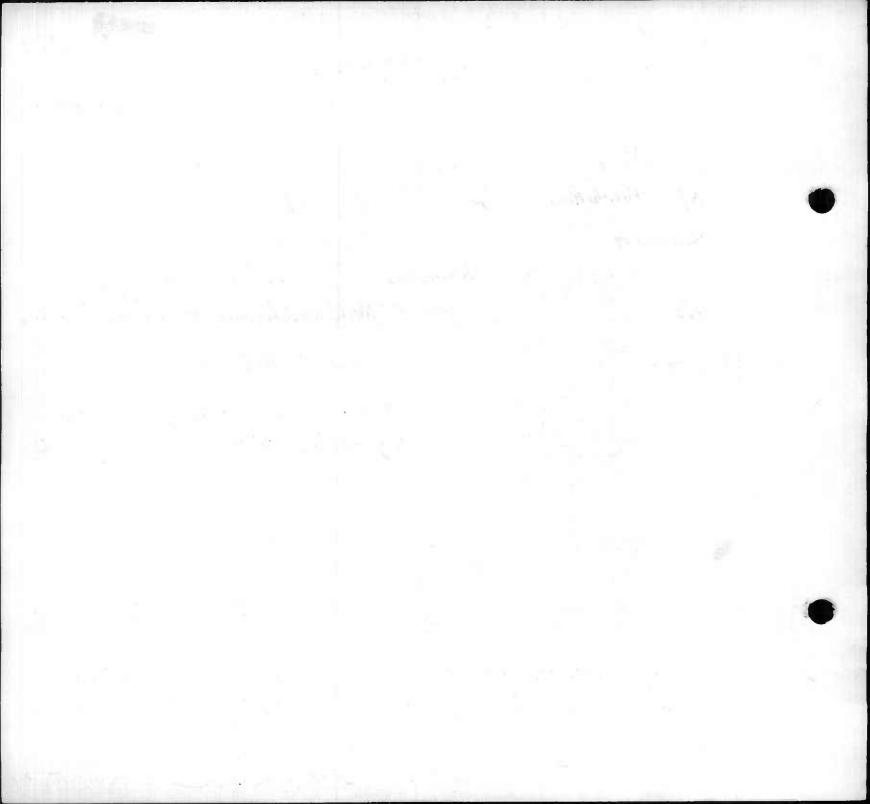


BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH pital and of death Such Deceased 1. NAME OF DECEASED 2. DATE AND HOUR OF DEATH uo (Type or Print) hospital 4. USUAL RESIDENCE (Whose declosed lived, If institution: residence below A. STATE

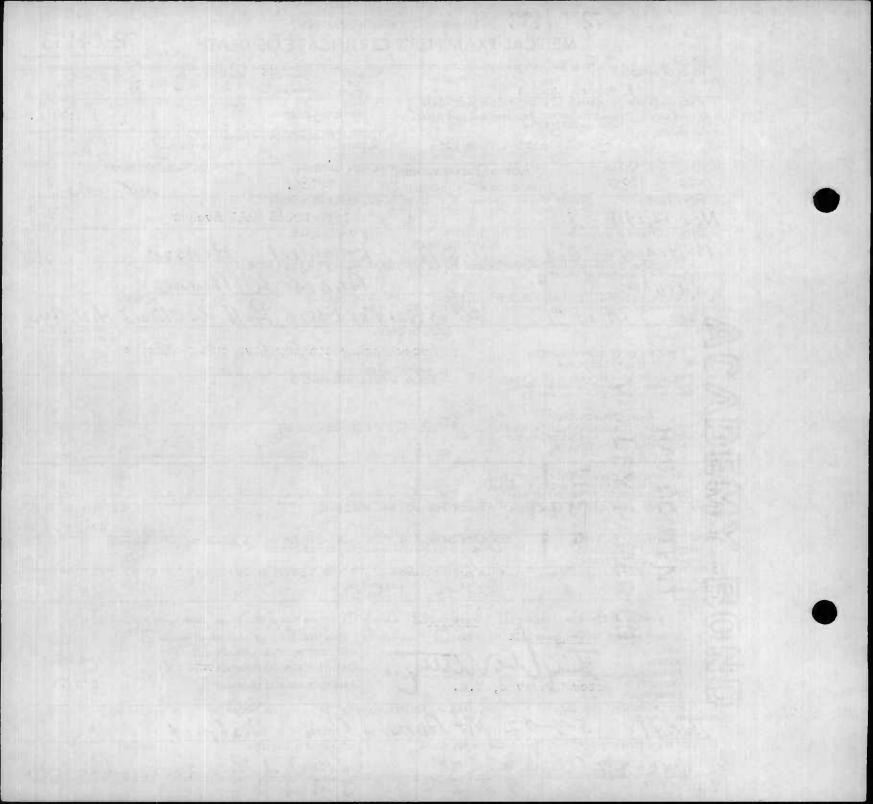
B. COUNTY death. 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD attendance (4) Undetermined cause; (5) contributing cause (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) FULL NAME OF HOSPITAL OR INSTITUTION D. INSIDE CITY LIMITS? 0 0 C. CITY OR TOWN Secours Hospital NO prior 03 regular final disposition is made Frank 5. SEX 6. RACE deceased 7. MARRIED NEVER MARRIED 9. AGE (In yours II Under 1 Yr. Months: Doys If Under 24 Hrs. Hours i Min. lost birthday Black WIDOWED DIVORCED 10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole at foreign country) 12. CITIZEN OF WHAT COUNTRY? = done during most of working life, even if retired) 0 17 COLL IN Frieght Mas the direct 4. MOTHER'S MAIDEN NAME 15. Was Deceased Ever in U. S. Armod Forces?
(Yas, no or unknown) (II yes, give war or dates of sarvice) death 0 arah kind; 6. SOCIAL 7. INFORM ANT ADDRESS attendance SECURITY NO. 400 V.03 w 6-01-0815 W. FRANKlinSt any pranounced 0 18. 4 CAUSE OF DEATH APPROXIMATE INTERVAL DISEASE OR CONDITION DIRECTLY BETWEEN ONSET AND DEATH balmed fracture of LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: heart failure, asthenia, etc. It means the disease, regular injury ar complication which caused death. He who ANTECEDENT CAUSES GLO DISEASES OR CONDITIONS, if any, giving rise la the abave cause (A) stating the Ξ the physician UNDERLYING CONDITION last. medical before the remains medical Was burns; CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL (6) No physician DISEASE OR CONDITION GIVEN IN PART 1 (A). Body 19A-DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION 5 20A. AUTOPSY? (Yos or No) 208 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED es 85 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF where 218, PLACE OF INJURY (e.g., in or about 21C, WHERE DID home, form, factory, street, office bldg, INJURY OCCUR? (If In Boltimore City, give exoct location) to the hospital MEDICAL DEATH fnotify medical examined any nature; obtained 21D. TIME (Doy) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? approved (except OF INJURY Not While (APPROX.) pup At Work 22. I certify that (1) (this hospital) attended the deceased from death); 99 that (i) (we) last saw the deceased allve an o and that in (my) (aur) apinion death accurred an the date hospital and haur and fram the causes stated above. (1) (We) (did) (did not) view the body after death. was released must accident 23A. SIGNATURE 238 DATE SIGNED Attending [0 Med. Director moon written approval Phys. 0 23C. PHYSICIAN'S prior 23D. ADDRESS to NAME (Type) HOSPITA2 shows: (1) An SECOUR 3 M. DDEGREE BON D.O.A. 24A. BURIAL CREMATION, SEMOVAL (Specify) eceased CEMETERY OF CREMATORY the body 24D. LOCATION (City, town, or county) (Stote) MAY 9 - 1972 Police 258 NAME OF REGISTRAR VS 150-REV. 1/1/68



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH REG. NO. death Such Deceased BIRTH NO. I. NAME OF DECEASED AKA Vangas 2. DATE AND HOUR/OF DEATH (Type or Printl DO hospital death. of 3. PLACE IN BALTIMORE MARYLAND, 4. USUAL RESIDENCE (Where deceased lived If institution; residence before admission) WHERE PRONOUNCED DEAD attendance 8. COUNTY cause FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) anu cause; 0 C. CITY OR TOWN 8 D. INSIDE CITY LIMITS? YES Z NO prior contributing STREET AND NUMBER occurred is made. Undetermined regular 5. SEX 6. RACE 9. AGE (In years MARRIED NEVER MARRIED DATE OF BIRTH eceased If Under 1 Yr. If Un Months! Doys Hours If Under 24 Hrs. lost birthdoy Kicoo WIDOWED P DIVORCED 0 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY RTHPLACE (State or foreign country) 5 12. CITIZEN OF WHAT COUNTRY? deoth disposition done during most of working life, even if retired) 0 ŏ eaman Was the 13. FATHER'S NAME direct 4 15. Was Deceased Ever in U. S. Armed Forces?
(Yes.no or unknown) (If yes, give war or dotes of service) unones assistant eath 0 kind; 6. SOCIAL SECURITY NO. final attendance any pronounced 0 18. CAUSE OF DEATH APPROXIMATE INTERVAL or his BETWEEN ONSET AND DEATH Also, DISEASE OR CONDITION DIRECTLY embalmed fracture of LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: heat failure, asthenia, etc. It means the disease, gular injury or camplication which caused death.) ANTECEDENT CAUSES who 9 Gre (3) A DISEASES OR CONDITIONS, if any, rise to the above cause (A) stating the = physician UNDERLYING CONDITION last, the chief medical mains medical Was burns; 11 CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING physician TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). the body was released to the hospital by a m shows: (1) An accident of any nature; (2) Body the 19A. DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION the 20A. AUTOPSY? (Yes of No) 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED before 21A. A CCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (except where 21 & PLACE OF INJURY (e.g., in or about 21 C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? (If th Boltimore City, give exact location) (9) No MEDICAL DEATH (notify medical examined obtained 21 D. TIME OF INJURY (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? proved While At (APPROX.) Not While I and Work At Work 22. I certify that (1) (this hospital) attended the deceased fram that (I) (we) last sow the deceased alive an pe 2 and that in (my) (aur) apinian death accurred on the date eath) hospital must and hour and from the couses stated above. (1) (We) (did) (did nat) view the body after death. 23A. SIGNATURE O 238, DATE SIGNED Attending | prior to Med. Staff approval Phys. Director 0 DEGREE 23C. PHYSICIAN'S 23 D. ADDRESS at NAME (Type D.O.A. deceased g 24A. BURIAL CREMATION, REMOVAL (Specify) DATE or CREMATOR 24D. LOCATION (City, town, or county) MY. Auburn w Was 25A. DATE REC'D BY HEALTH DEPT. 258 NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS 2222 WINOTT VS 150-REV. 1/1/68

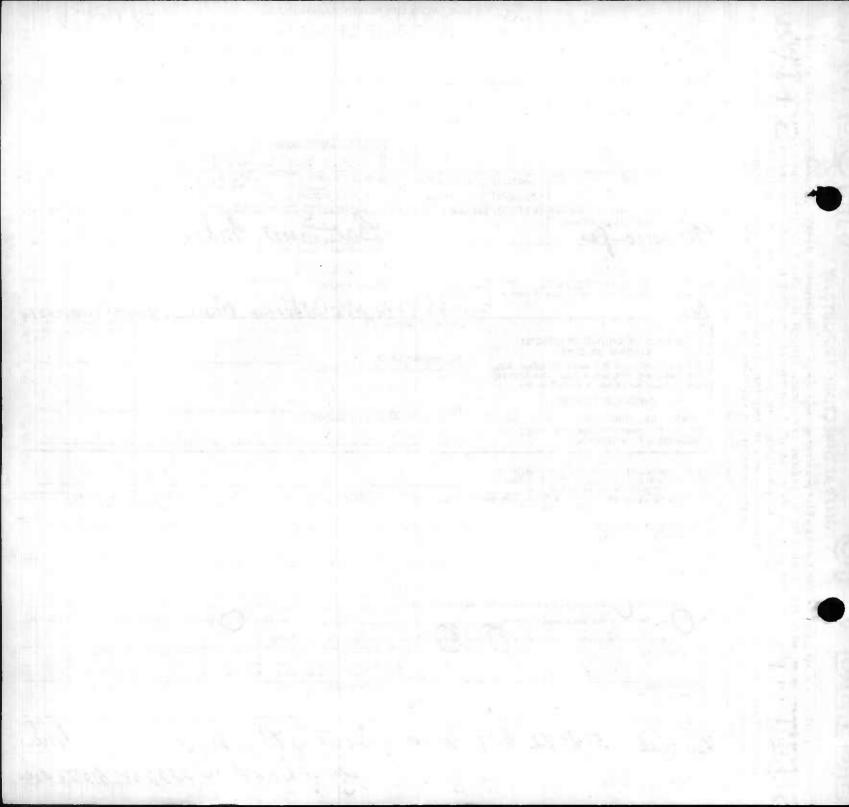


1/ 525-72 04433 BALTIMORE CITY HE	
MEDICAL EXAMINER'S C	CERTIFICATE OF DEATH REG. NO. 72 04433
1. NAME OF DECEASED	2. DATE Known AXX Month Day Year Hour
(Type or Print) EManuel Henson	OF DEATH Estimoted 5 5 72
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	3. DATE Month Doy Yeor Hour RONOUNCED DEAD 8-10 2
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) OR INSTITUTION	5 5 72 10.10 4.
Maryland General Hospital	5. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE B. COUNTY Md.
6. SEX 7. RACE 8. MARRIED NEVER MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
WIDOWED LE DIVORCED	Balto. YES Y NO
Noy 12, 1918 lost birthdoy) 53 Months: Doys Hours Min.	E. STREET AND NUMBER 1608 Druid Hill Avenue
11. BIRTHPLACE (Stote or loreign country) 12. CITIZEN OF WHAT COUNTRY?	Emanyel Henson
IAA. USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY done dyring most of working life, even if relired)	15. MOTHER'S MAIDEN NAME
Parnter-	Annie Williams
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (II yes, give war or doles of service) 17. SOCIAL SECURITY NO. 17. 63.7821	Mrs Flace Bell 1608 Drund Hell Ave
19. 4 1 CAUSE OF DEAT	H APPROXIMATE INTERVAL
LEADING TO DEATH	sclerotic cardiovascular disease
(A)IMMEDIATE CA	AUSE S A CONSEQUENCE OF:
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST	S A CONSEQUENCE OF:
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS	PERFORMED 21. AUTOPSY? (Yes or No)
	no
UNDERLYING OR CONTRIB. UTING CAUSE OF DEATH.	n or about 22C. WHERE DID (II In BoltImore City, give exact location) bldg., etc.) INJURY OCCUR?
22D. TIME (Month) (Day) (Yeor) (Hour) 22E. INJURY OCCURRED WHILE AT NOT WORK AT WO	
l certify that I held on Inquiry Inspection Auto	opsy and that on this basis, death in my opinion
resulted from: Natural causes XX Accident Sulcide	
ACTUAL TILL AN AITH	CHIEF MEDICAL EXAMINER DATE SIGNED
SIGNATURE EXAMINER'S Peter Lipkovic, M.D. NAME (Type)	ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER 5/5/72
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of REMOVAL (Specify) 5-9-12 MF AUBUS.	(Siole)
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	
MAY 9 - 1972 Palent E. Falley M. 8	Loseph L. Run 2224. Nonth Hu
VS 151-REV. 1/1/68	3 4 2 9



This certificate must be approved by the chief medical examiner or his assistant if death octurred in a hospital and the body was released to the hospital by a medical examiner. Also, If the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

		Y HEALTH DEPARTMENT	0.04494
BIRTH NO. 72 0443	CERTIFICA	ATE OF DEATH REG. NO.	2 64494
Type of Print) JEAN BEL		2. DATE AND HOUR OF DEATH	1050
Δ	ONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution	residence before admission)
		Maryland	1608
FULL NAME OF IF NOT IN HOSPITAL OR II HOSPITAL OR ADDRESS OR LOCATION) HISTITUTION	NSTITUTION, GIVE STREET	C. CITY OR TOWN D. INSIDE CITY	CLIMITS?
		Baltimore YES[
Johns HOPKINS HOS	PITAL	E. STREET AND NUMBER	
33		3912 Woodridge Road	
SEX 6. RACE 7. MAR	RIED KINEVER MARRIED	8. DATE OF BIRTH 9. AGE (in years if Un Monti	der 1 Yr. If Under 24 Hrs. his Doys Hours Min.
	WED DIVORCED	9/03/33	
OA, USUAL OCCUPATION (Give kind of work 10 B, KIN one duging most of working life, even if refred)	D OF BUSINESS OR INDUSTR	17 11. BIRTHPLACE (State or foreign country)	ITIZEN OF WHAT COUNTRY
Hrusewife		Datumore ma	
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
Alex Quarte		Amanda Harrod	
5. Wae Decessed Ever in U. S. Anned Ferces? (es,no opunknown) lif yes, give war or dates of sen	1 & SOCIAL	17. INFORMANT	ADDRESS
res, no objunknown) lit yes, give war of dates of sen	2/6-39-92	an also atteres Man 11	112 O 12 61
118.	CAUSE OF DEA		APPROXIMATE INTERVAL
DISEASE OF CONDITION DIRECTLY			BETWEEN ONSET AND DEATH
LEADING TO DEATH	CANMANDIATE CA	AUSE CARDIO PULMORARY ARKEST	4 MIN
this does not mean the mode of dying, heart failure, asthenia, etc. It means the dis	DUFTO, OR A	S A CONSEQUENCE OF:	
Injury or complication which caused death)			- A. L.
ANTECEDENT CAUSES	101 MET	ABOCIC COMA	I WEEK
DISEASES OR CONDITIONS, If any, g		AS A CONSEQUENCE OF:	1
rise to the above cause (A) stating UNDERLYING CONDITION last.	the METAS	STATIC BREAST CARCINGMA	13 /RS
10	(0)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUT	ING		
TO THE DEATH BUT NOT RELATED TO THE TERMI OF ITE OF THE TERMINATION OF THE T	NAL		
TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 1	FOR WHICH OPERATION	NO 20A AUTOPSYR (Yes or No.) 20B, IF YES, WERE FINDIN IN CERTIFYING CAUSES C	GS CONSIDERED OF DEATH?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	218 PLACE OF INJURY (e.g.	in or about 21C. WHERE DID (If In Bollimore City,	give exoct location)
OR CONTRIBUTING CAUSE OF DEATH Inotily medical examined	home, form, factory, street,	office bldg. INJURY OCCUR?	
O 21D. TIME (Month) (Doy) (Year) (Houd)	21E INJURY OCCURRED	216. HOW DID INJURY OCCUR?	
S OF INJUNI	While At No! W	hile	
(APPROX)	WORK - AI WO	к 🗀 📗	
22. I certify that (1) (this-hespital) atten	ded the deceased from	5/1 19 72 10	5 3 19772
that (1) (we) lost saw the deceased alive	on	and that In(my) (our) opinion d	eath accurred on the date
and hour and from the causes stated abo	ver (1) (We) (did) (did not)		
23A. SIGNATURE		The state of the s	ATE, SIGNED
Keith L. K	In MD DEGREE PI	Hending Med. Staff Phys.	13/72
23C. PHYSICIAN'S CEITH L. KLI	ZIN	23D. ADDRESS	HOSP.
Keith L. Kle	ein, M.D.		1 10 - 0
24A. BURIAL CREMATION, 24B. DATE 2	4C. NAME OF CEMETERY OF C		n, or county) [State]
REMOVAL (Specify)	my Calvar	1 Camiler Bruston	mx
25A, DATE REC'D BY HEALTH DEPT. 125R NA	AME OF REGISTRAR	25C-FUNERAL DIRECTOR	ADDRESS
MAY 9 - 1972 Pale & E.		Casial Lacian 2149	ar binattes
VS 150-REV. 1/1/68	7200	13 1 2)	VI. TIMUL CEPC



_	1 .16	4	0 4 4 ()	BALT	TIMORE CITY	HEALTH	DEPARTMENT			
//	1-400	72	0443	CFI	TIFICA	TF O	F DEATH	REG. NO	72	04435
BIR	TH NO.			CLI	THICA	IL O				
	AME OF DEC	MALE, CHAI	MP ALL	EIN				TO HOUR OF DEATH	1	3:30 A. M.
3. 1	PLACE IN BAL	TIMORE, MARYLAND,	WHERE PRO	NOUNCED DEA	ND.	A. STAT			institution: re	sidence before odmission
HC	LL NAME OF	UF NOT IN HOSP	ITAL OR IN	STITUTION, GIV	E STREET		RYLAND			1504
INS	T SPILLIE	IIFICA	IE.	AMEN	VID BID		OR TOWN TIMORE,	D. IN	SIDE CITY LI	
	A HOSPIT		1	0	-8-72		T AND NUMBER		YES X	NO L
		, MARYLAND	2	3 0	-0-/~		4 RUXTON A	VE		
5. \$	EX	6. RACE	7- MARR	IED NEVER	MARRIED	B. DATE	OF BIRTH	9. AGE (In years fost birthday)	If Under Months:	
M	ALE	NEGRO	WIDOV	VED DI	VORCED	9-15	259-25-15	56		
		JPATION (Give kind of wo		OF BUSINESS	OR INDUSTRY	11. BIRTH	IPLACE (State or fore	ign country)	12. CITIZ	EN OF WHAT COUNTRY?
	WAITER	working life, even if retired)			BAI	TIMORE, MA	RYLAND	US	SA
13.	FATHER'S NA	ME				14. MOT	HER'S MAIDEN NA	ME	7	
P	ETER F.	MALE				MA	UDE ALLEN			
15.	Was Deceased	Ever in U. S. Armed F	orces?	1 6. SOCIAL		17. INFO	RMANT			ADDRESS
(Yes	s, no or unknown	(If yes, give wor or do			TY NO.	OT TAIT	CAT DESCOUR	o manoon	DAT MITHE	מדוע מדוני
-	YES	8-11-41 to	2-18-4		SE OF DEATH		CAL RECORL	S-VAHOSP.	SALTIME	APPROXIMATE INTERVAL
	18. / 6 6	24/					noma of lu	ng (right.)		SETWEEN ONSET AND DEATH
-	DISEAS	E OR CONDITION DEATH					astasis to			
	(This does r	ol meon the mode	of dying,	e.g., (A).	MMEDIATE CAU	A CONSEC	THENCE OF:	W10 77 407		
		osthenio, etc. It meor		ose,			T liver nu	tritional		
					marked					
		ANTECEDENT CAUSE		(B)	UE TO, OR AS					
		OR CONDITIONS, if								
		G CONDITION losf.	, slowing	(c)	Atelec	tas1s				
		П								
Z		ICANT CONDITIONS C								
ATION		H BUT NOT RELATED TO ONDITION GIVEN IN PA		NAL						
문	19 A. DATE OF	OPERATION 198. CO	NDITION F	OR WHICH OPE	RATION	20A.	AUTOPSY? (Yes or No	ON CERTIFYING C	E FINDINGS	CONSIDERED DEATH?
CERTIFIC	2		- CRI ORIVIED				Yes		Yes	
	OR CONTRIBL	NT WAS UNDERLYING		21B. PLACE OF	INJURY (e.g., interpretation)	n or obout	21 C. WHERE DID	(If in Boltim	ore City, give	e exoct locotion)
CAL		medicof exominer		etc.)						
EDIC	21 D. TIME	(Month) (Doy) (Yeo	r) (Hour)	21E. INJURY O	CCURRED		21F. HOW DID INJ	URY OCCUR?	14.11	
3	(APPROX.)			While At	Not Whife	e 🗍				
			10	Work LJ	AI Work	Δ	2.0		May 7.	70
	2000	that (1) (this haspit		3.6	_	Apri.				19
	that (L)(we)	last saw the decea	sed alive	anP	ay 7,	19	72 and th	at in (holy) (aur) a	pinion deat	h accurred an the date
	and haur and	d fram the causes st	tated abav	e.XW (We) (did	1) (que XXI) (v	iew the	bady after death.			
	23A. SIGNATU	RE 10 11	1	11	12			ES LA	23B. DAT	E SIGNED
	1Kole	IE Sh	ANNA	rk 18	Alte Phys	nding	Med. Director	Staff Phys.	5-	7-72
	SC. PHYSICIA		~~~		DEGREE	23 D. ADD	RESS V. A.	Hospital		
	NAME (T	Robert E.	Sharro	ck M.D.		3900		n Blvd., B	al timor	re, Md. 21218
244	BURIAL CRE			C. NAME of CE	DEGREE METERY OF CRE				City, town, o	
	REMOVAL (MATION, 248. DATE	10	MI	0.4.		1. /)220/	1	n/-/
1	Sura	1 2-10	-/2	14/4/	74041	7)	-em a	168 A DON A		11/9
254	. DATE REC'D	BY HEALTH DEPT.	25B. NA	ME OF REGISTRA	AR	25C.	FUNERAL DIRECTO	0 222	7 1	ADDRESS
		1000	10 9	8 2	0 10	14	12/10/17 hox	Run 2.23	La, M	100/9 14114
VS	1504REVY TYTZ	88 19/2 Javes	B. C. Va	way red.		9	ar w y			-

8-8-1972 - Letter for correction from the Veterans Administration Hospital, 3900 Loch Raven Blvd., Balto., Md. 21218, signed by Walter E. Davis, Chief. Medical Administration Service.

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BIRTH NO

24A. BURIAL CREMATION, BEMDVAL (Specifyl

25A. DATA

VS 150-REV. 1/1/68

136	BALTIMORE	CITY	HEALTH	DEPARTM	E
8 - 31 3					

PALITAGIA	C111 1167		NAME OF THE PARTY	
ERTIFIC	CATE	OF I	DEATH	

TMENT	72 09436
ATH REG. NO.	8
2. DATE AND HOUR OF DEATH	n.
5/9/72	5:20 a. M.
ENCE (Where deceased lived, If institu	ition; residence before admission)
N D. INSIDE	CITY LIMITS?
	ES NO
NUMBER	
lbeMarle Street	
8 9. AGE (In years III M	Under 1 Yr. II Under 24 Hrs. Onths Days Haurs Min.
Stale or foreign country)	2. CITIZEN OF WHAT COUNTRY?
sia	Malauria
AIDEN NAME	
Chit Hao	V
ala 92. On	ADDRESS davie
	APPROXIMATE INTERVAL BETWEEN ONSEY AND DEATH
	1-
cacronial bleet	20 minutes
OF:	
S 208, IF YES, WERE FINIS	DINGS CONSIDERED S OF DEATH?
ERE DID (II In Baltimere C	ity, give exact location)
W DID INJURY OCCUR?	

The Johns Hopkins Hospital

25C. FUNERAL DIRECTOR

JOSEPHODAN LERS

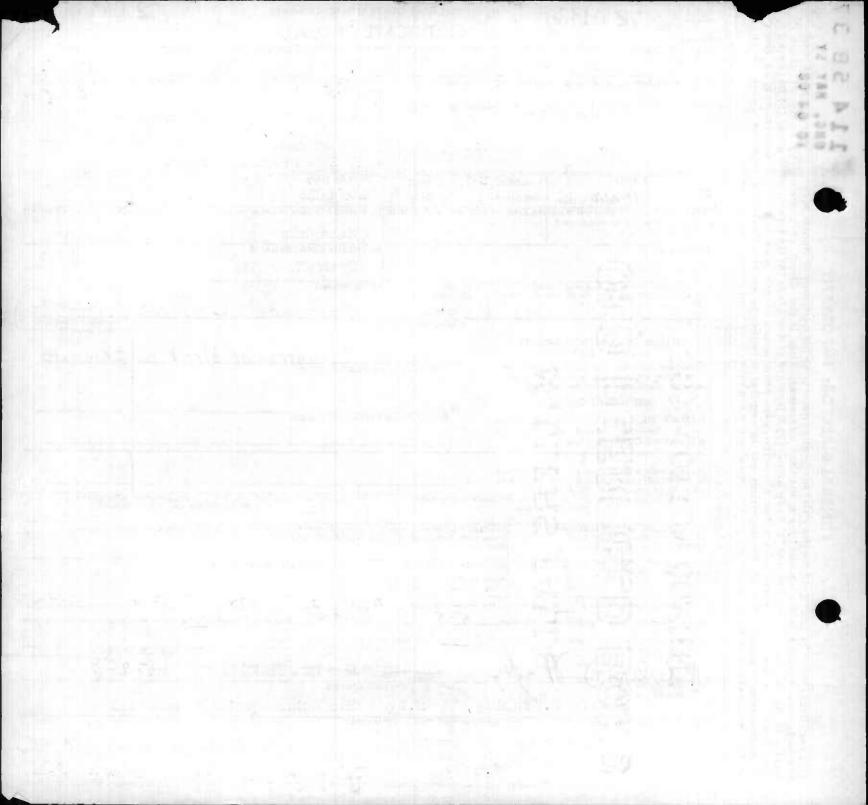
(State)

ADDRESS

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1. NAME OF DECEASED		2. DATE AN	D HOUR OF DEATH	A.			
(Type or Print) ONG, May	SY	5	/9/72	5:20 a.			
3. PLACE IN BALTIMORE, MARTLAND, WHERE FULL NAME OF OF OF NOT IN HOSPITAL O	PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission, STATE & COUNTY					
HOSMITAL OR ADDRESS OR LOCATION	1)	C, CITY OR TOWN	D. INS	SIDE CITY LIMITS?			
	Washington, D.C. YES NO						
The Johns Hopkins H	ospital	E. STREET AND NUMBER	3				
3.3		2701 AlbeMarle Street					
F MATASIAN W	DOWED DIVORCED DIVORCED	10/4/08	9. AGE (In years last birthdoy) 63	Il Under 1 Yr. Il Under 24 Hrs Months Days Haurs Min.			
ion, usual occuration (Give kind of work 108, done during most of working life, even if refired) Housewite	KIND OF BUSINESS OR INDUSTRY	Malaysia 11. BIRTHPLACE (State or foreign country) Malaysia					
13. FATHER'S NAME		14 MOTHER'S MAIDEN NAM	AE	1 / hadayan			
Lye Hung Ho		Nyah Chit	Hao	V			
S. Wee Decembed Ever in U. S. Anned Forces? Yes, no or unknown! (If yes, give war or dates of	service) 16 SOCIAL SECURITY NO.	17. INFORMANT	92.0	Inc. (Same			
ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, rise to the above cause (A) state UNDERLYING CONDITION last.	giving (B)	A CONSEQUENCE OF:					
OTHER SIGNIFICANT CONDITIONS CONTRIL TO THE DEATH BUT NOT RELATED TO THE TE DISEASE OR CONDITION GIVEN IN PART 1 (19A-DATE OF OPERATION 19R CONDITION WAS PERFORM 21A-ACCIDENT WAS UNDERLYING	RMINAL A).	120 A. AUTOPSYZ (Yea. or No	T 208 IF YES WERE	FINDINGS CONSIDERED			
WAS PERPORA	AED	Yes	IN CERTIFYING CA	AUSES OF DEATH?			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examined)	21& PLACE OF INJURY (e.g., home, farm, factory, street, o	n or about 21C. WHERE DID ffice bldg., INJURY OCCUR?	(II In Baltime	pre City, give exact location)			
OF INJURY (APPROX.)	While At Not While At Work	21F. HOW DID INJ	JRY OCCUR				
22. I certify that (I) (this hospital) att that (I) (we) last saw the deceased al	- 1	1 0-1	19 7 to at In(my) (our) ap	1- 9 19.7 V Inlan death occurred on the da			
and hour and from the causes stated a	above. (1) (We) (did) (did not)	view the body after death.					
23A, EIGNATURE Plulys J. W.	Ath DEGREE Phy	ending Med. Director	Staff Phys.	23R DATE SIGNED 5-9-7~			
Physician's Philip F. 1		The Johns 1	Hopkins H	ospital			

24C. NAME OF CEMETERY OF CREMATORY



IMPORTANI DIRECTOR: FUNERAL

the chief medical

appraved by

certificate

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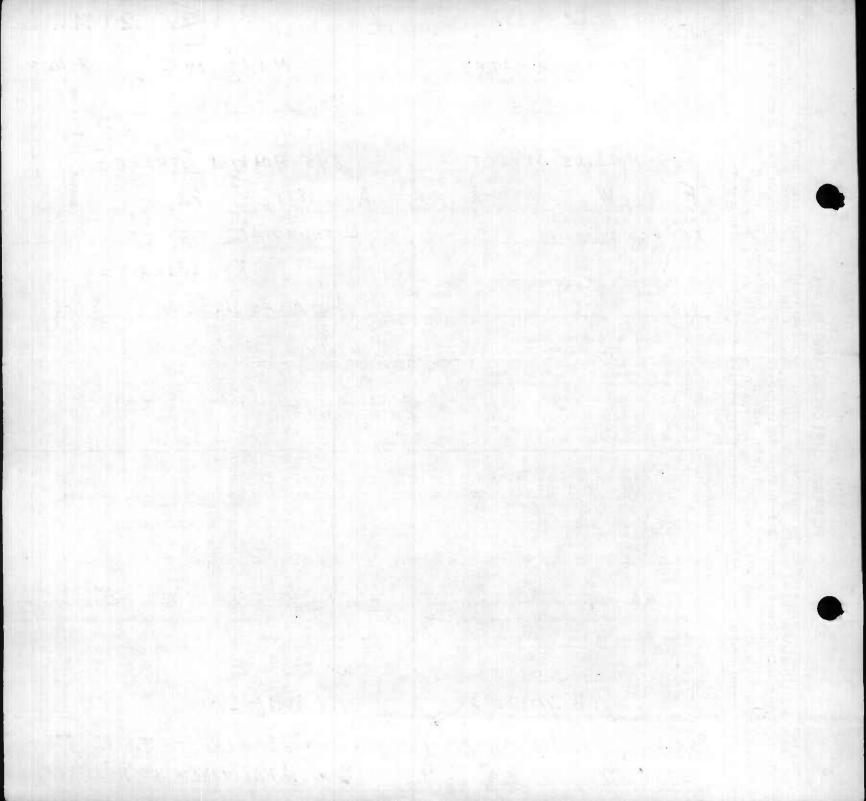
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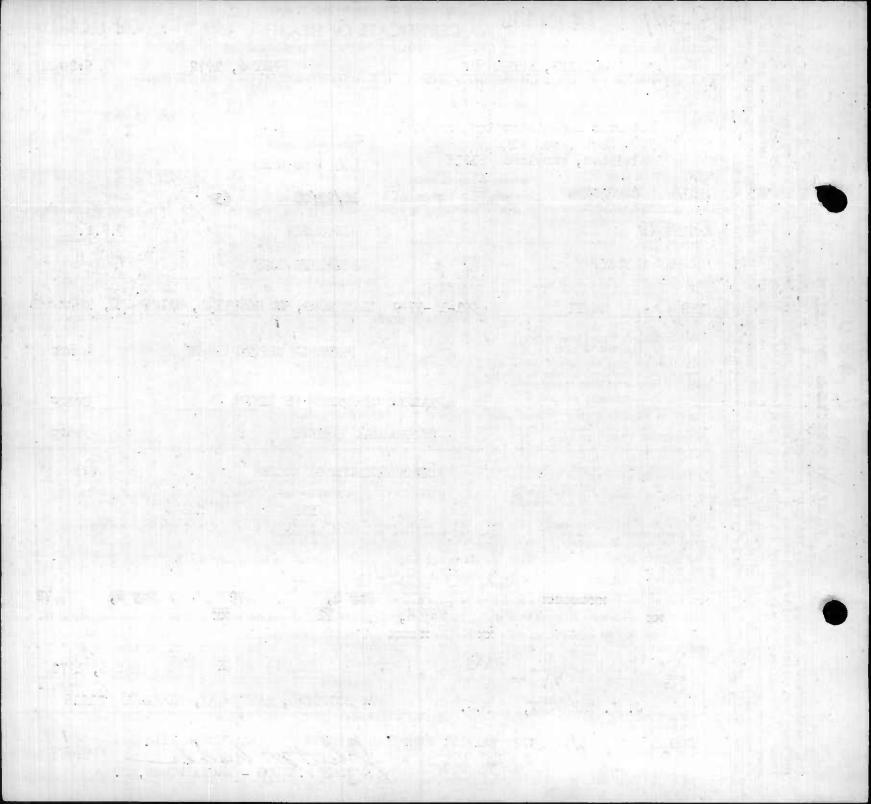
assistant

BALTIMORE CITY HEALTH DEPARTMENT REG. NO. CERTIFICATE OF DEATH a haspital and cause of death etermined cause; (5) Deceased Such BIRTH NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) ם 5 6, death. 4. USUAL RESIDENCE (Where deceased lived. If institution: residence be 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD B. COUNTY attendance A. STATE (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) C. CITY OR TOWN D. INSIDE CITY LIMITS? 10 YES X ALTIMOR NO prior E. STREET AND NUMBER cantributing HOLLINS) OLLINS disposition is made. regular 5. SEX 9. AGE (In years If Under 1 Yi. If Under 24 His. 6. RACE B. DATE OF BIRTH MARRIED NEVER MARRIED deceased lost birthdoyl Hours WIDOWED X DIVORCED 6 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) (4) Und -ITHUANIA ETIRED -HOUSEWIF MOS 14. MOTHER'S MAIDEN NAME the 13. FATHER'S NAME direct JAUSKAI death an ADDRESS S. Was Deceased Ever in U. S. Armed Forces 6. SOCIAL 17. INFORMANT ar final (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. attendance 0 any APPROXIMATE INTERVAL pranaunced 1B. CAUSE OF DEATH BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed af LEADING TO DEATH (A) IMMEDIATE CAUSE fracture (This does not mean the made of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF hearl failure, asthenia, etc. If means the disease, gular aminer. injury or complication which coused deofh.) ANTECEDENT CAUSES wha 10 are DUE TO, OR AS DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) slating the UNDERLYING CONDITION Iosl. physician before the remains SD M burns; 11 CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). physician Bady 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? the 19A. DATE OF OPERATION 0 WAS PERFORMED 3 21B. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? where 21A. ACCIDENT WAS UNDERLYING (If in Boltimore City, give exact location) OR CONTRIBUTING CAUSE OF hospital MEDICAL Z DEATH (notify medical examiner) etc.) any nature; abtained 21 D. TIME OF INJURY (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 9 (except While At Not While (APPROX.) Work At Work and to the 22. I certify that (1) (this haspital) attended the deceased fram and that in (my) (aur) aplnian death accurred an the date that (I) (we) last saw the deceased alive an pe at hospital death) and haur and fram the causes stated abave. (1) (We) (did) (did nat) view the bady after death. the bady was released must shows: (1) An accident 23A. SIGNATURE 23 B. DATE SIGNED Attending 1 Staff 10 Director approval 0 NAME (Type) prior 23D. ADDRESS at D.O.A. OF CREMATORY deceased BURIAL CREMATION, REMOVAL (Specify) written REDEEMER CEMETERY BELAIR BURIAL 5/9
25A. DATE REC'D BY HEALTH DEPT. 9 M ds 25B. NAME OF VS 150-REV. 1/1/6B



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approved by the chief medical examiner or his assistant it death occurred in a hospital and	to the hospital by a medical examiner. Also, if the direct or contributing cause of death	è	1 th	0	0	
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5	9	3	15	60	÷	
This certificate must be	the body was released	shows; (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	written approval must be obtained before the remains are embalmed or final disposition is made.	

0 . 11 73 0 4420	BALTIMORE CITY	Y HEALTH DEPARTMENT		
5-341 72 04438	CERTIFICA	TE OF DEATH	REG. NO.	72 (4438
T. NAME OF DECEASED		2. DATE AN	D HOUR OF DEATH	
(Type or Print) SUTLIFF, NORM	AN H.	MAY	6, 1972	5:20 AM M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO		4. USUAL RESIDENCE (Whe A. STATE B. COUN MARYLAND	re deceased lived. If in	nstitution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)	STITUTION, GIVE STREET	C. CITY OR TOWN	ID INS	IDE CITY LIMITS?
Veterans Administra		LEXINGTON PARK		YES NO
3900 Loch Raven Blv		E. STREET AND NUMBER		
Baltimore, Maryland	21218	LOL CARD ROAD)	
S. SEX 6. RACE 7. MARR WIDOW	NEVER MARRIED DIVORCED	10/29/08	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KINE	OF BUSINESS OR INDUSTRY		ign country)	12. CITIZEN OF WHAT COUNTRY?
dane during most of working life, even if retired) ENGINEMAN		WISCONSIN		U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
NORMAN SUTLIFF		ELIZABETH GOFF	7	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) life yes, give wor or dotes of services.	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
YES WW II	551-16-3789	CLIN RCDS, VA H	OSPITAL, BA	LTIMORE, MARYLAND
18.57/,9 N /53,	CAUSE OF DEAT	TH THE		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		TO COM DIE COL	TC CUCCV	h hrs
(This does not mean the mode of dying,	(A) IMMEDIATE CA	USE PROBABLE SEP.	ITO SHOOK	4 14 5
heort foilure, ostherio, etc. It meons the dise- injury or complication which coused death.)	ose,	A GOTTOC OT .		
ANTECEDENT CAUSES	MA PET	CIRRHOSIS OF LIT	VER	years
DISEASES OR CONDITIONS, if ony, give	ing DUE TO, OR AS	CIRPHOSIS OF LI	7 dd 5 v	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
rise to the obove couse (A) stoting	the	SEAL VARICES		years
II	(C)			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMIN		RCINOMA OF COLON		(?)
DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION F WAS PERFORMED	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No	208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED
O 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or obout 21 C. WHERE DID office bldg., INJURY OCCUR?	(If In Boltimo	re City, give exact location
O 21 D. TIME (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.)	While At Not Whi			
	Work At Work	al al	19 72 to	May 6, 1972
22. I certify that (I) (IIII (IIII) attended that (I) (IIII) last sow the deceased alive				
				nion death occurred on the date
ond hour and from the couses stated above	e. AM- (Me) (did) (AM-Net)	view the body offer deoth.		23B, DATE SIGNED
1 Elmala 11	MO. AH	ending Med.	Staff Phys.	
23C. PHYSICIAN'S	OEGREE Phy	ys. Director Director 23D. ADDRESS	Phys. Las	MAY 6, 1972
23C. PHYSICIAN'S NAME (Type)	W D	VA HOSPITAL, BA	LT IMORE, MAI	RYLAND 21218
J. E. MAHAFFEY	M.D. DEGREE C. NAME of CEMETERY OF CR			ity, town, or eounty) (State)
BURIAL 5/10/1972	TRINITY MEMORIA		WALDORF MAR	
	AE OF REGISTRAR	Collineral offers	vuller	ADDRESS
WS 1844 1 0 1972	Las Erection 1	TOHN M. WELCH	- LEONARDT	OWN, MD.
10 100 116 11 17 17 00				



the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

NAME OF DEC		4439	CERTIFICA	lo DATE	AND HOUR OF DEAT	u
ype or Print)		Titles =		2. DATE		
PLACE IN BAL	TIMORE MARYLAND, W	HERE PRONO	th Fosnaught			institution: residence before admiss
				A. STATE B. CC	YTNUC	1001
ULL NAME OF	(IF NOT IN HOSPIT ADDRESS OR LOC.	AL OR INSTIT	TUTION, GIVE STREET	C. CITY OR TOWN	Ja 15	VSIDE CITY LIMITS?
NSTITUTION				_	D. III	YES NO NO
00	5715 Kavon	n Ave.		E. STREET AND NUMBER	R	152 KJ 140 LJ
	711.7 Havor	II ALVO		E77 E Varian	Ave., Balto.	Ma 22 206
SEX	6. RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 I
M	W	WIDOWED		3/25/26	lost birthdoy)	Months Doys Hours Min
			F BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUN
	working life, even if retired)	D	CALL			
Sanitatio		Balto	. City	Penna.	NAME	U.S.A.
. Allien a HA				THOMES WAIDEN	10.416	
	Howard Fosna			Dorothy Dur	rst	
	Ever in U. S. Armed For		1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
yes	WW II		220-18-9524	Dorothy Bate	es (mother)	same as above
heort foilure, injury of cam	SE OR CONDITION DI LEADING TO DEATH not mean the made of osthenio, etc. Il means application which caused ANTECEDENT CAUSES DR CONDITIONS, if	dying, e.g., the diseose, deoth.) any, giving	(B)	USE CARDIAC A CONSEQUENCE OF: A CONSEQUENCE OF:	- ARRIY	THENK
DISEASES Crise to the UNDERLYING	LEADING TO DEATH not mean the made of osthenio, etc. II means optication which caused ANTECEDENT CAUSES	dying, e.g., s the discose, l deoth.) s any, giving stating the	(B)	A CONSEQUENCE OF:		THINK
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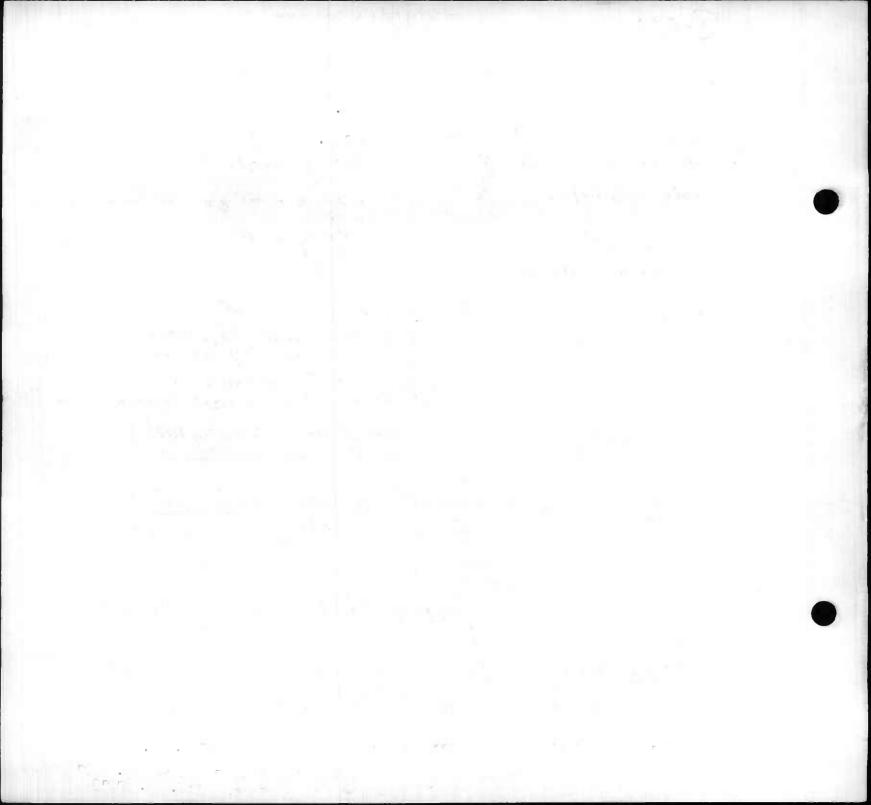
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111-25	0	MED	ICAL	EXAMINER'S			E DEA	TH	72	04410
BIRTH NC.		74122	ICAL		SEIVI II I	CAILO	DLA	REG. NO		X A C J
1. NAME OF DE	CEASED				2. DATE	Known	Month	Day	Yeor	Hour
(Type or Print)	James	s Mason			OF DEATH	Estimoted	1 5	4	72	
4. PLACE IN BA			HERE PR	ONOUNCED DEAD	3. DATE		Month	Doy	Yeor	Hour
FULL NAME OF HOSPITAL OR INSTITUTION	(IF N	OT IN HOSPITA	LORINST	ITUTION, GIVE STREET		UNCED DEAD	5	4	72	4:49 p
000	3019 Mayfield Avenue					d.	ere deceosed	lived. If institution: B. COUNTY	residence b	elore odmission)
6. SEX	7. RACE		B. MARRI	ED MEVER MARRIED	C. CITY OF			D. INSIDE CIT	Y LIMITS?	
male	White				Ва	lto.		VE	s 🔀 i	П
9. DATE OF BIR	TH	10.AGE (I	yeors	If Under 1 Yr. Il Under 24 Hrs.	E. STREET	AND NUMBER		TE:	الكاد	ио Ц
9/12	00	losi birthdo	y)	Months Doys Hours Min.	30	19 Mayfie	and Arre	nue		
11. BIRTHPLACE				12. CITIZEN OF	13. FATHER		210 1145	11.00		
				WHAT COUNTRY?	I A I A I A	3 IAME				
IAA USUAL OCC	Jirgini	a list desail	AR KIND	OF BUSINESS OR INDUSTRY	Ja	mes Mason	1 145			
done during most of	working lile,	ven li retired)	140. KIIND	OF BUSINESS OR INDUSTR	13. MOTHE	K 2 MAIDEN N	AME			
Mechanic				tin Fine		-				
16. WAS DECEA	SED EVER IN	U.S. ARMED	FORCES'	? 17. SOCIAL SECURITY NO.	IB. INFOR	MANT		AD	DRESS	
no				218-09-1298	Len	a Mason (wife)	sam	ne as a	above
19. 4	24			CAUSE OF DEA					API	PROXIMATE INTERVAL
heori foilur injury or co A DISEASES RISE TO TH UNDERLYI	e, osthenio, ei mplicotion wh NTECEDEN	IONS, IF ANY	discose,	(B) DUE TO, OR	AS A CONSE					
∥º TO THE DE	ATH BUT NO	NDITIONS CO	THE TERMI	NG NAL						
20A. DATE O	F OPERATIO	N 208. CON	IDITION F	OR WHICH OPERATION WA	S PERFORA	MED			21. AUTOF	PSY? (Yes or No)
00										20
SUNDERLYING		VTRIB-	2	2B.PLACE OF INJURY(e.g., nome, form, loctory, street, office	in or obout 2 bidg., etc.)	22C. WHERE DID NJURY OCCUR?	(II in Boltime	ore City, give exoc	t locotion)	no
₩ UTING LCA	(Month)	Doy) (Yeor) (Hour)	22E.INJURY OCCURRED		2F. HOW DID II	111101 000	1100		
(APPROX.)	(Monny)	,504) (160)			WHILE	12F. HOW DID II	NJURT OCC	JUKY		
23.	tify that I l	hald a- 1	nqulry [], Inspection XX Aut						
			pm /					, death in my o		
resu	ted fram:	Naturol caus	ses XXX	Accident Suicid		omicide L		Ined manner]	
ACTUAL		91	11	endelle		CHIEF MEDICAL				DATE SIGNED
SIGNAT		~ ly	1	M.D.	ASSI	STANT MEDICAL	EXAMINER	KA .		
EXAMIN NAME (Peter (Lipkov	vic, M.D.	ASSC	CIATE MEDICAL	EXAMINER		5	5/5/72
24A, BURIAL CRE REMOVAL (Spec		24B. DATE		24C. NAME of CEMETERY	or CREMATO	DRY 24D	. LOCATION	(City, town,	or county)	(Stote)
Burial		5/8/7	2	ME OF REGISTRAR MO	monial	Ponk	Ba	7 to. Md.		
25A. DATE REC'E	BY HEALTH	DEPT.	258. NA	ME OF REGISTRAR	250	FUNERAL DIRECT	uner al	Homes, AD	DRESS 3	331 Brehm
MAY 1	MIL	13	1	13 WW.	30	Tariff Carlott		Lane, Bal		
VS 151-REV. 1/1/6	В		7	7 2 0	3	4 3 5		Larry Day	204 231	

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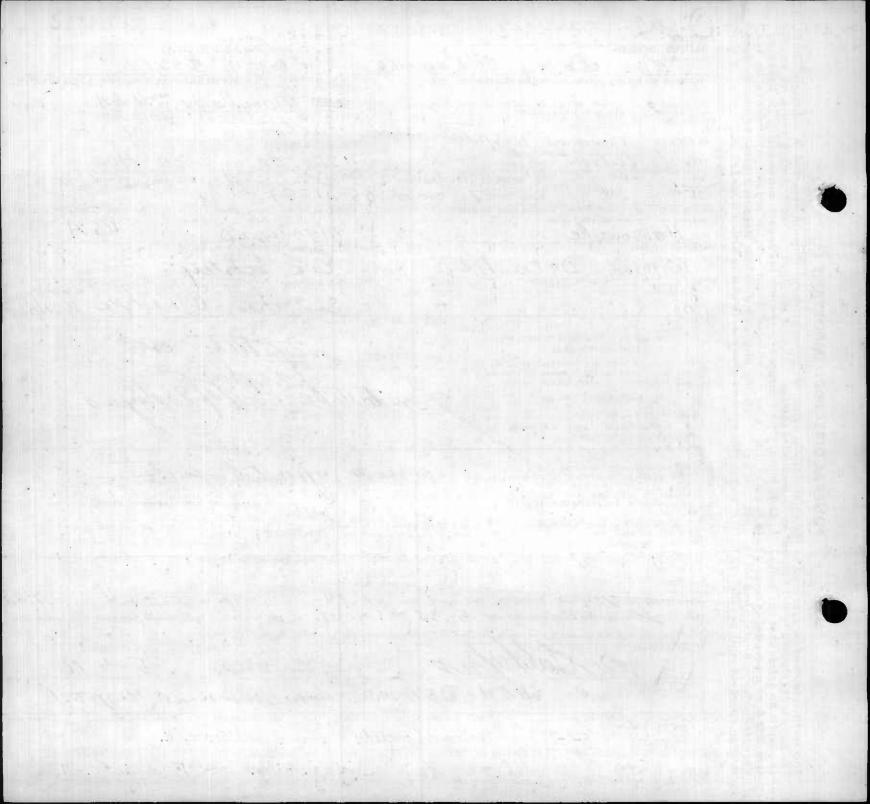
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	S 730	BALTIMORE CITY	HEALTH DEPARTMENT		20 (141)										
8	72 04441	CERTIFICA	TE OF DEATH	REG. NO	72 04441										
	NAME OF DECEASED	- 20	2. DATE AN	D HOUR OF DEATH	0										
	S. PLACE IN BALTIMORE, MARYLAND, WHERE PR	wills	4. USUAL RESIDENCE (When	16/72	2:05PN										
			A. STATE B. COUN	TY	itiviton: residence betate odmission										
111	FULL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION) NSTITUTION	ISTITUTION, GIVE STREET	C. CITY OR TOWN												
	Church House 1 14	or moral	Balto. Cit		YES NO										
	100 North Broodw	/ -	E. STREET AND NUMBER 410 W. Port. St.												
5.	/	RIED NEVER MARRIED	110 10 10												
	male white widow			last birthday)	Months Days Haurs Min.										
1	OA. USUAL OCCUPATION (Give kind of work 108, KIN one during most of working life, even if refired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or lare	gn countryl	12. CITIZEN OF WHAT COUNTRY										
	une mi plo gia		Marylon	d	Awerican										
1	3. FATHER'S NAME		14. MOTHER'S MAIDEN NA	***											
	FRANK SMITH.			BRANS	KY										
U,	5. Wos Deceased Ever in U.S. Armed Farces? es,na ar unknown) (If yes, give war ar doles af serv	icel SECURITY NO.	17. INFORMANT	21	ADDRESS										
1	INTREWA	215035409	Pationt's	Chort.											
	DISEASE OR CONDITION DIRECTLY	9 CAUSE OF DEATH	Mocerdial	Luforeti											
	LEADING TO DEATH		lio Pespeci to	ry Arrei	t. inmediate										
	head failure, asthenia, etc. Il means the disease														
	injury or complication which coused death.) ANTECEDENT CAUSES		ua, Arterior		DAM'S HERRY										
	DISEASES OR CONDITIONS, if ony, gi	ving DUE TO, OR AS	A CONTROLLENCE OF												
	rise to the above cause (A) stating UNDERLYING CONDITION last.	The Vertul	or olitiere, &	rigretes He	elin.										
	11	(-)			***************************************										
100	OTHER SIGNIFICANT CONDITIONS CONTRIBUTE	NG IAL													
1	DISEASE OR CONDITION GIVEN IN PART 1 (A).	****************	20A. AUTOPSY? (Yes or No	20B, IF YES, WERE FIL	NDINGS CONSIDERED										
ACITIETO	WAS PERFORMED		110	IN CERTIFYING CAU	NDINGS CONSIDERED SES OF DEATH?										
11	OR CONTRIGUENCE CALLER OF	21 B. PLACE OF INJURY (e.g., in home, form, factory, street, off	or obout 21 C. WHERE DID	(If in Boltimore	City, give exact location)										
ICA1		etc.)													
MEDI	21D. TIME (Month) (Doyl (Year) (Hour) OF INJURY (APPROX.)	21E INJURY OCCURRED While At Not While	21F. HOW DID INJU	JRY OCCUR?											
		Wark L. At Wark			-/6/72										
	22. I certify that (1) (this hospital) ottended that (1) (we) lost saw the deceased alive	T// /2/	, (- '	9to	10/12 19										
	·			it in (my) (our) opini	on deoth occurred on the date										
ond hour and from the couses stoted obove. (1) (We) (did) (did not) view the body ofter deoth. 23A. SIGNATURE Attending Med. Director Shaff Phys. 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS 23D. ADDRESS															
										124	WALKER. H- IMPAC	7 LI ATE WEGREE	100 Nonth	proodure	4. C/+-H.
											KEMOVAL (Specily)	C. NAME of CEMETERY of CRE			, town, or county) (State)
25		Cedar Hill Cemet		Balto. N											
1	AAY 10 1972 Jacob & FRAME	1-1	Schimunek F	uneral Homes	, Inc. 3331 Brehms										
VS	150-REV. 1/1/68			ane, Balto.	Md. 21213										



(5) Deceased death uo death. ance cause attend (4) Undetermined cause; 0 prior contributing disposition is made. regular deceased SID the death LO final ce attendan any pronounced 10 embaimed מי regul Po are physician the remains Was physician where to the hospital °Z obtained 9 (except and any ot eath) hospital must accident O 0 approval 0 prior at An was D.O.A. shows: (1) eceased the body ritten

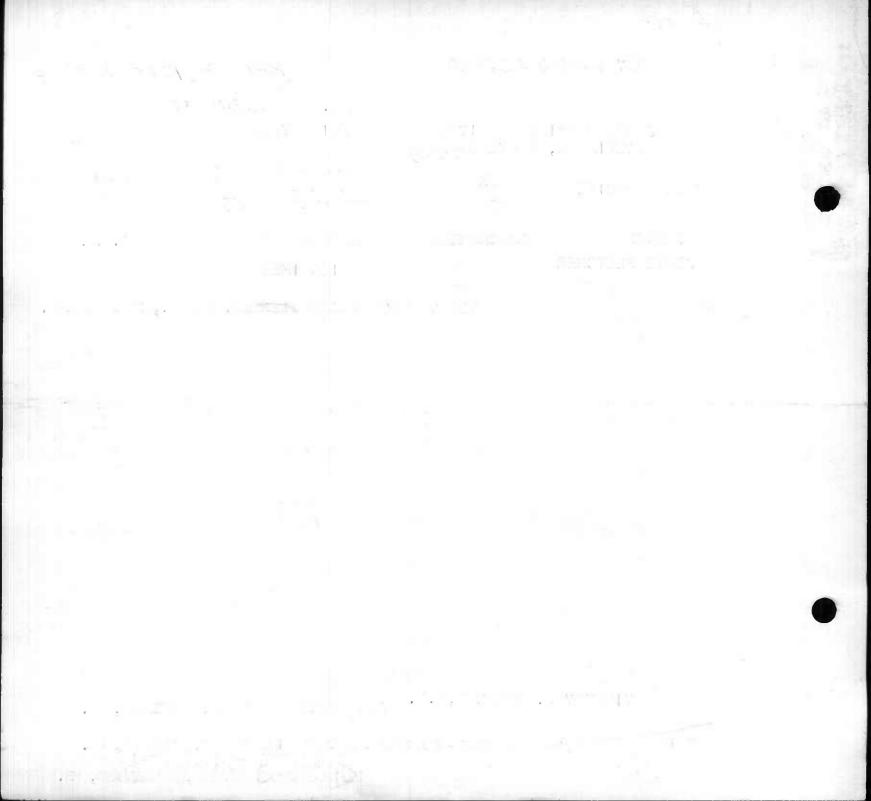
BALTIMORE CITY HEALTH DEPARTMENT REG. NO. CERTIFICATE OF DEATH I. NAME OF DECEASED 2, OATE AND HOUR OF CEATH (Type or Print) 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A. STATE
8. COUNTY 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD Maryland (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADORESS OR LOCATION) HOSPITAL OR D. INSIDE CITY LIMITS? YES V NO 9. AGE (In years 6. RACE B. OATE OF BIRTH If Under 24 Hrs. 5. SEX MARRIED NEVER MARRIED Months Ooys lost birthday WIDOWED DIVORCED 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Hausewife PARYLAND 13. FATHER'S NAME 14. MOTHER'S, MAIDEN NAME William ADDRESS 4528 15. Was Deceased Ever in U. S. Armed Forces? 17. INFORMANT SOCIAL (Yes, no or unknown) (If yes, give SECURITY NO. 10 BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE heorl foilure, osthenio, etc. Il meons the diseose, injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving DUE TO, OR AS A CONSEQUENCE rise to the obove couse (A) stoting the UNDERLYING CONDITION Iosi, CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 194. DATE OF OPERATION 198. CONDITION FOR WHICH 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21 B. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If In Boltimore City, give exact location) MEDICAL DEATH (notify medical examined etc.) (Month) (Doy) (Year) (Hous) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY Not While White At (APPROX.) Work At Work 04-04-05-04 22. I certify that (1) (this haspital) attended the deceased fram.... that (1) (yet) Tost saw the deceased alive an 5 - 3 5 pm 5- 4-1972 and that in(my) (aur) opinion death accurred an the date and haur and from the causes stated above (I) (We) (did) (did not) view the body after death. 23A, SIGNATURE 23 B, DATE SIGNEO Attending Med. Phys. Director 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type) 24A. BURIAL CREMATION, 248, DATE or CREMATORY REMOVAL (Specify) Parkwood 258. NAME OF REGISTRAR A OD RESS 25C. FUNERAL DIRECTOR VS 150-REV. 1/1/68



This certificate must be approved by the chief medical examiner or his assistant if death occurred the hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4). Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

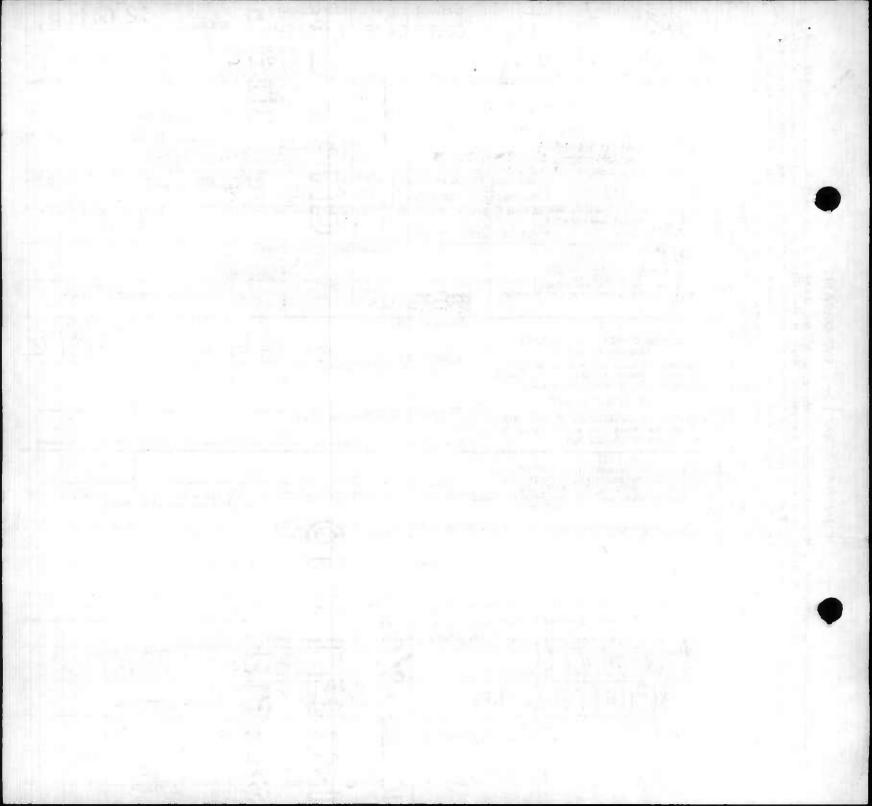
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-	7-43	2 72 0	1143		HEALTH DEPARTMENT	REG. NO	72	04443	}
	NAME OF DEC	CEASED		CERTIFICA		AND HOUR OF DEATH			
	pe or Print)	ROY SANFOR			M	AY 6	972	2 30	O M
3.	PLACE IN BAI	LTIMORE, MARYLAND, W	HERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (WA. STATE B. COL	here deceased lived. If in	stitution	residence before o	dmission)
FL Hi	JLL NAME OF OSPITAL OR ISTITUTION	(IF NOT IN HOSPIT ADDRESS OR LOCA		UTION, GIVE STREET	C. CITY OR TOWN	ALLEGHANNY	IDE CITY L	IMITS?	10
	23 '	JOHNS HOPKI			FLINTSTO	NE	YES	_	
L	35	BALTIMORE,	MARYL	-AND 21205	E. STREET AND NUMBER STAR ROUTE				
	MALE	6. RACE WHITE	WIDOWED		8. DATE OF BIRTH 08/05/06	9. AGE (In years lost birthdoy)	II Unde Months	Pr. If Under Doys Hours	er 24 Hrs. Min.
10/	. USUAL OCC	UPATION (Give kind of working life, even if refired)	108 KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Slote or lo	preign country)	12, CITI	ZEN OF WHAT	OUNTRY
	LABO	RIFR	CONST	RUCTION	MARYLAND			U.S.A.	
13.	JESSI	E FLETCHER			14. MOTHER'S MAIDEN N				
15		Ever in U. S. Armed For			IDA IME	S			
(Te	s, no or unknown	If yes, give wor or dote	s of service)	16. SOCIAL SECURITY NO. 220 10 747	O CARLSON FLET	TCHER, STAR RT	.,FLI	ADDRESS INTSTONE, N	Ф.
	18. 39	6,91		CAUSE OF DEATH				APPROXIMATE IN	
	DISEA	SE OR CONDITION DIF LEADING TO DEATH	RECTLY	SE	PSIS				
	(This does r	not mean the mode of	dying, e.g.,	DUE TO, OR AS	SE A CONSEQUENCE OF:		24 4	15	
	injury or can	asthenia, etc. it means aptication which caused	death.)		STINITIS	AND PALMINA	CONLA	2 .	
		ANTECEDENT CAUSES				774	010/1/	0 007	eeles
	rise to the	OR CONDITIONS, if a bave cause (A) G CONDITION last.	any, giving slaling the	DUE TO, OR AS OPEN 1+E (c) REPLACE	A CONSEQUENCE OF: FART SURCER EMENT OF M	YRAL AND		7 WE	EKS
z				RENAL FA	ILVRE CH	RONIC CONE	ESTIL	5	
CATION	TO THE DEAT	ICANT CONDITIONS COI IH BUT NOT RELATED TO TH ONDITION GIVEN IN PAR	E TERMINAL	HEAR	T FAILUR	***************************************		******************************	
CERTIFICATI	3/(3)	/	OMITED	MORTIC VALVE	45 20 A. AUTOPSYZ (Yes	10 CERTIFYING CAL	INDINGS	CONSIDERED DEATH?	
CAL CE	OR CONTRIBL	TING CAUSE OF		PLACE OF INJURY (e.g., in	or obout 21 C. WHERE DID ice bldg. INJURY OCCUR?	(If In Boltimore	a City, glv-	e exoct locotion)	
MEDIC	21D. TIME OF INJURY (APPROX)	(Month) (Doy) (Year)		INJURY OCCURRED	21 F. HOW DID IN	JURY OCCUR?			
			Wor	k L At Work					
		that (# (this hospital)		ne deceased fram	-/20	19 72 to 5	16		72
					ew the bady after death.	hat in (my) (our) opin	ilon deat	th occurred on t	the date
	23A. SIGNATU	RE	su abave. (1)	(did) (master) Vi	ew the bady after death.	•	23R. DAT	E SIGNED	
	Jun	otting 1	Tad.	Alten Phys.		Staff Phys.	5	16/22	
	23C. PHYSICIA NAME (T	MS ypel TIMOTHY	. GARE	NER M.D.	3D. ADDRESS		m Tuon	70//	
244	BURIAL CRE	MATION, 248. DATE	24C. NA	DEGREE ME OF CREA	JOHNS HOPKINS H		y, lown, o		(Sec.)
	BURTAL	pecityl		NDALE BRETHRE		LINTSTONE, AL		•	(Stote)
25A		BY HEALTH DEPT.	258. NAME O	FREGISTRAR	250 FUNERAL DIRECTO		- COALIN) ADDRESS	
	MAY 1 0	1972 Kobens	C. Wille	ALL O	HAFER FUNER	a. Alasta	UMBER	LAND, MD.	,



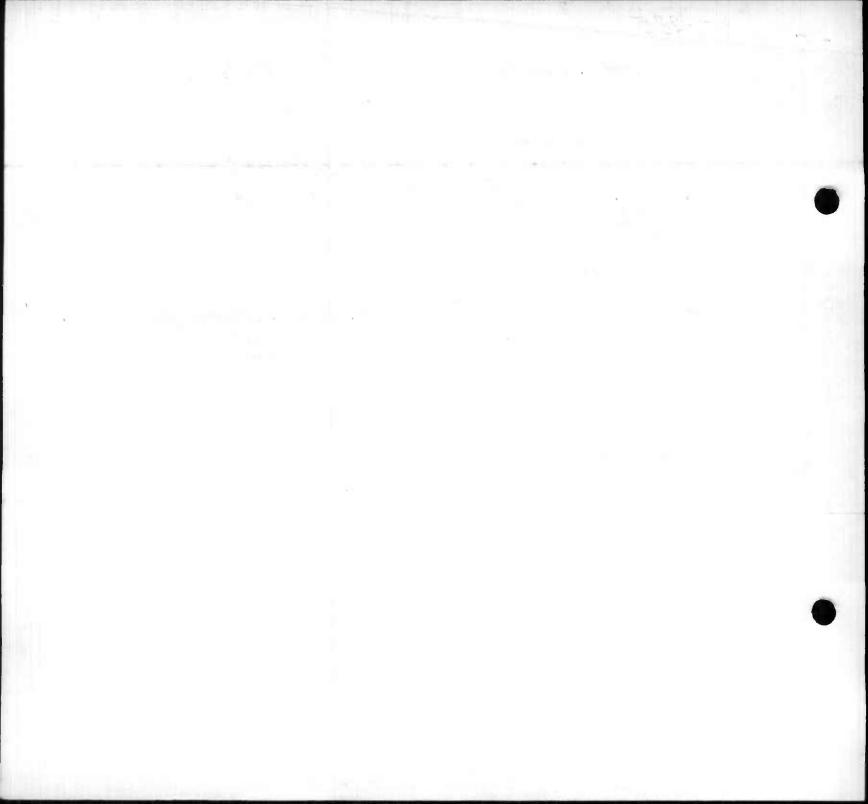
hospital and use of death (5) Deceased Such LO death. attendance rect or contributing cause (4) Undetermined cause; (5) 0 prior regular disposition is mad deceased death = Was the assistant if death 0 final attendance fracture of any pronounced 0 embalmed regular examiner. who are 4 3 E physician before the remains chief medical Was medical No physician any nature; (2) Body the 8 Where to the hospital be obtained 9 approved (except and leath); 10 hospital must An accident certificate must 0 0 approval O prior 10 shows: (1) bespased 0.0 the body MOS

BALTIMORE CITY HEALTH DEPARTMENT REG. NO. CERTIFICATE OF DEATH 2. DATE AND HOUR OF DEATH I. NAME OF DECEASED (Type or Print) 4. USUAL RESIDENCE (Where deceased lived, Il institutions residence before admission)
A. STATE | B. COUNTY 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD MO (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) FULL NAME OF HOSPITAL OR INSTITUTION C. CITY-OR TOWN D. INSIDE CITY LIMITS Baltimore City Hospitals 9140 NO YES 4940 Eastern Avenue E. STREET AND NUMBER Baltimore, Maryland 21224 5. SEX 6. RACE 8. DATE OF BIRTH 9. AGE (In years Il Under 1 Ya Il Under 24 Hrs. 7- MARRIED NEVER MARRIED Hours (1) WIDOWED DIVORCED 10A. USUAL PCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 1). BIRTAPLACE Islate or foreign country 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if refired) rown Supermarket 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Whichard 15. Was Detected Ever in U. S. Anned Ferces? (Yes, no digitality) of yes, give war at dotes of service) 17. INFORMANT 6. SOCIAL SECURITY NO. 4940 Eastern Avenue 21224 BCH RECORDS: 076-20-66 18. 4 CAUSE OF DEATH APPROXIMATE INTERVAL DISEASE OR CONDITION DIRECTLY Fallure LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. it means the disease, injury or complication which caused death.) DUE TO, OR AS A CONSEQUENCE OF ANTECEDENT CAUSES (B) DUE 10, OR AS A CONSEQUENCE OF: DISEASES OR CONDITIONS, If any, giving rise to the above cause (A) stating the UNDERLYING CONDITION lost CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19A CONDITION FOR WHICH OPERATION 208, IP YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 20A-AUTOPSY2 (Yes at No.) 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, farm, factory, street, office bldg., INJURY OCCURY (If in Baltimore City, give exact location) MEDICAL DEATH (notify medical examined) OF INJURY (Day) (Year) (Houd 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? Not While While Al IAPPROX. At Work Work 22. Legilly that (1) (this hospital) attended the deceased from and that in(my) (our) opinion death occurred on the date that (1) (we) last saw the deceased alive on. and hour and from the causes stated above. (1) (We) Adid Xdid not) view the body after death. 23A. SIGNAT 23B, DATE SIGN Attending [Med. Phys. 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type) DEGREE 24A. BURIAL CREMATION, 24B, DATE 24C, NAME of CEMETERY of CREMATORY (City, 24D. LOCATION (State) REMOVAL (Specify) Baltimore National Baltimo re, emetery Maryland 25A. DATE REC'D BY HEALTH DEPT. 258. HAME OF REGISTRAR 25C. FUNERAL DIRECTOR John A. ADDRESS - 2", Ine. ore St. CB000 - ild. 21224 VS 150-REV. 1/1/68



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased FUNERAL DIRECTOR: IMPORTANT

1	00-			BALTIMORE CITY	HEALTH DEPARTMEN	T			
BIRTH NO	235	72 64	1115	CERTIFICA	TE OF DEATH	REG. NO.	72 01145		
1. NAME	OF DECEASED					AND HOUR OF DEA	TH		
(Type or P	intl Ethel	. M. Ec	Rstein			May 9, 197			
3. PLACE	IN BALTIMORE M	ARYLAND, W	HERE PRON	OUNCED DEAD	4. USUAL RESIDENCE (Whore deceased lived I	If institution; residence before admiss		
FULL NA	ME OF UF NO	T IN HOSPITA	L OR INST	TUTION, GIVE STREET	Maryland	d	2664		
TUTITEM	ON	ESS OR LOCA			C. CITY OR TOWN Baltimo ne		NSIDE CITY LIMITS?		
0.0	3530 No	ble St	reet		E. STREET AND NUMBER				
00						oble Street			
5. SEX	6. RACE		7- MARRIEI	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In voors	If Under 1 Yr., If Under 24		
F.	W.		WIDOWE	DIVORCED	6/25/'07	last birthday)	Manths Doys Hours Min		
done during	L OCCUPATION (G	ive kind of work	10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or	foreign country)	12. CITIZEN OF WHAT COUN		
Hou	sewife				Maryland		USA		
13. FATHE	R'S NAME				14. MOTHER'S MAIDEN	NAME	43/1		
()	rarles Hai	uer							
15. Wes D	ecosed Ever in U. unknown) (If yes, giv	S. Armed Fore	es? of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS		
No					Mr. Henry W	Echatoin	3530 Nable St		
18.	74X	1		CAUSE OF DEATH	1 TOUR THE TOUR IN	1 d	APPROXIMATE INTERV.		
	DISEASE OR COL		ECTLY		Mr. Henry W Co of left mutor	d'ent c	DETAGEN OUSET WAD DE		
(This	does not mean 1	TO DEATH	dyina. e.a	(A) IMMEDIATE CAU	SE muton	Herry			
heart	lailure, asthenia, o or complication w	olc. It means	the disease	DUE TO, OR AS	A CONSEQUENCE OF:				
,	ANTECEDENT CAUSES								
DISE			ny, givin	(B)DUE TO, OR AS	A CONSEQUENCE OF:				
nisa	130 IG ING GDOVE COSE (A) Stoling the								
3	UNDERLYING CONDITION last, (C)				***************************************	***************************************			
OTHER	SIGNIFICANT CON	DITIONS CON							
& DISEA	E DEATH BUT NOT SE OR CONDITION	GIVEN IN PART	1 (A).	***************************************					
19A.D	ATE OF OPERATION	WAS PERF	NTION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?				
214.	CCIDENT WAS UP	NDERLYING T	21	B. PLACE OF INJURY (e.g., in	of about 21 C. WHERE DIE		mare City, give exect lacetion)		
OR CO	NTRIBUTING CA	AUSE OF	ho	me, form, factory, street, af	fice bldg. INJURY OCCU	77 W 11 10 W	men anti Ana avact Meanaul		
O 21D. Y	ME (Manth)	Doy) (Your)	(Hour) 21	E INJURY OCCURRED	21F. HOW DID	INJURY OCCUR?			
OF IN			w	hile At Not While	1				
22. 1	certify that (1) (+	his hasateat		ork L At Work the deceased from		19 (6 to_	5/9 72		
	i) (we) lost saw				1972 and		oplinion death occurred on the		
1				(I) (We) (did) (did nat) v			Shimon daoth occused ou the		
	GNATURE			(-, () (c.u) (did iidi) V	ien the north ottat deo	1110	23B, DATE SIGNED,		
		July 1-	19	I . 44 . / / / Dhue	nding Med.	Shaff Phys.	5/9/72		
23C.P	TYSICIAN'S AME (Type)	,	1	DEGREE	3D. ADDRESS	1 1 0 C	1 1/1/2		
	Title tilber	livs	1406	or duray	9 8/6	than!	, ,		
24A. BURI	AL CREMATION, 2 DVAL (Specify)	4B. DATE	24C.1	IAME of CEMETERY OF CRE	MATORY 24E	LOCATION	(City, town, or county) (State		
/3	rial	5/12/1	72 0	ardens of Fai	th (emetery	Baltimore.	Manuland		
	REC'D BY HEALTH	1 DEPT.	25B NAME	OF REGISTRAR	25C. FUNERAL DIREC		Maryland Moran, UnAppress		
	110 1072	Pole 9	البعل ع	C C C	1341	0 , 3000 €.	Baltimore St.		
70 50 33							is, alld. 21224		



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased Such was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. written approval must be obtained before the remains are embalmed or final disposition is made.

111-21			BALTIMORE C			
BUTH NO.	52 E152	AAAG	CERTIFIC	ATE OF DEAT	H REG. NO.	72 04446
NAME OF DE	ECEASED	0 2 4 5 3		12. DA	TE AND HOUR OF DEA	TH
Type or Print)	liggins, Eva	Jane Eu	banks	Ana	ril 30, 1972	1 0 10 11
	ALTIMORE MARYLAND, W			4. USUAL RESIDENCE	IWhere deceased lived, I	f institution: residence before admission)
					COUNTY	1704
FULL NAME O	Appress or Local	AL OR INSTIT	UTION, GIVE STREET	Maryland c. City Or TOWN		1501
NOTTUTION				Baltimore	D. 11	NSIDE CITY LIMITS?
29	2600 Liber	-		E, STREET AND NUM	050	YES 🔀 NO
3/	Baltimore,	, Md. 21	.215		-27	
SEX	6. RACE	17. aa a ppupp		3422 Auchent	oroly Terrace	
emale	Negro	7- MARRIED WIDOWED		1 4-29-1900	9. AGE (in years lost birthdey)	II Under 1 Yr. II Under 24 His. Months Days Hours Min.
A. USUAL OC	CUPATION (Give kind of work	108, KIND OI	BUSINESS OR INDUST	RY 11. BIRTHPLACE (State	or loreign country)	12. CITIZEN OF WHAT COUNTRY
	of working life, even if retired)					
OUSAKEET				Virginia	N N A A A E	U.S.A.
				MOINER'S MAIDE	NAME	
James		rlow		Anna Cu	irry	
es, no or unknov	ed Ever in U. S. Armed Form	ces?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No						
18. 44.0	3 / 10 1		217-07-5106 CAUSE OF DEA		Francis 3422	Auchentoroly Terrac
Injury or or	, asthenia, etc. It meons	1 4 4	11 -			
DISEASES iise lo I UNDERLYIN TO THE DEA DISEASE OR 17A. DATE OF 21A. ACCIDION OR CONTRIE DEATH (nosi) 21D. TIME OF INJURY	ANTECEDENT CAUSES OR CONDITIONS, if che above cause (A) NG CONDITION lost. II IFICANT CONDITION S CON ATH BUT NOT RELATED TO THE CONDITION GIVEN IN PART OF OPERATION 198. CONDITION GIVEN IN PART ENT WAS UNDERLYING BUTING CAUSE OF (y medicol examine)	eny, giving stoting the NTRIBUTING HE TERMINAL T 1 (A). DITION FOR VERMED 218. hometal (Hour) 218.	(B) DUE 10, OR JUNE 10, OR JUN	Placenteric 20A. AUTOPSY? (Yes Yes in or obout 21C. WHERE Coffice bldg., INJURY OCCL	IN CERTIFYING (Le justim, ileur nombasis of al arteries RE FINDINGS CONSIDERED CAUSES OF DEATH?
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	e approved by the chief medical examiner or his assistant if deoth occurred in o hospital and	d to the hospital by a medical exominer. Also, if the direct or contributing couse of death	of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined couse; (5) Deceased	
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This certificate must be approved

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1		BALTIMORE CITY HEALTH DEPARTMENT
-635	79 64447	CERTIFICATE OF DEATH

REG.	NO.			0					
		-	-	0	1	1	1	1	

BIRTH NO.	ddd7 CERTIFICA		REG. NO.	72 04447		
(Type or Print) Kristoffer K	ristianson Braaten	2, DATE AN	May 8, 1972	12:35 P		
3. PLACE IN BALTIMORE, MARYLAND, W	HERE PRONOUNCED DEAD	4. USUAL RESIDENCE (When	deceased lived. If ins	titution: residence before admission		
FULL NAME OF HOSPITAL OR ADDRESS OR LOCA	AL OR INSTITUTION, GIVE STREET	Md. C. CITY OR TOWN Baltimore E. STREET AND NUMBER 4108 Townsend Ave.				
US Public Health Ser	-					
M Caucasian	7. MARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 1/26/96	If Under 1 Yr. If Under 24 h Months Doys Haurs Min			
OA, USUAL OCCUPATION (Give kind of wark done during most of working life, even if retired) LCDR	108. KIND OF BUSINESS OR INDUSTRY Coast Guard	Norway	gn country)	12. CITIZEN OF WHAT COUN		
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM				
Karl Braateh		Jurga Eric	ksen			
(If yes, give war or dote: Yes CG 21-23 &	s of service) SECURITY NO.	Records- US PHS	Hospital,	Balto, Md.		
DISEASES OR CONDITIONS, if consists to the above couse (A) UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTINUES	slating lhe (C) NTRIBUTING HE TERMINAL	S A CONSEQUENCE OF:				
19A. DATE OF OPERATION 198. CON WAS PERF	DITION FOR WHICH OPERATION	NO 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?				
O 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., home, form, factory, street, a etc.)	in ar about 21 C. WHERE DID thice bidg., INJURY OCCUR?	(If In Baltimare	City, give exact location)		
21 D. TIME (Month) (Day) (Year) OF INJURY (APPROX.)	(Hour) 21 E. INJURY OCCURRED While At Not Whi Work At Work	21F. HOW DID INJU	JRY OCCUR?			
22. I certify that (1) (this haspital that (1) (we) last saw the decease	d alive an May 8	19 72 and the		ay 8 19 72 Ian death accurred on the		
	ed abave. (1) (We) (dld) (did hor)	view the bady after death.				
and haur and from the causes stat	. Company	ending Med. pirectar	Staff Phys.	5/8/72		
	rgeon (R)	23D. ADDRESS US PHS Hosp:		5/8/ 7 2		
23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type)	oegree Ph	23D. ADDRESS US PHS Hosp:	Stoff Dephys.	5/8/72 Md. y, town, or county) (State		

VS 150-REV, 1/1/68

C F REPORT OF THE PARTY OF THE William of Language encourse and the State

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	R-260	1-	2 0	1448		HEALTH DEPARTME		10. 72	04448		
1.	RTH NO. NAME OF DECE	ASED					TE AND /HOUR OF E				
(1)	ype or Print)		Ruck	ER .	DRENA	C 2.57	1/9/72	- PEATH	8:00 A.N		
3,	PLACE IN BALTI	MORE MAI	MLAND,	WHERE PRON	OUNCED DEAD	4. USUAL RESIDENCE	E IWhere deceased live	d. If institution;	residence belove admission)		
FIH	ULL NAME OF OSPITAL OR ISTITUTION	(IF NOT ADDRES	IN HOSPI	TAL OR INSTI	TUTION, GIVE STREET	C. CITY OR TOWN D. INSIDE CITY LIMITS?					
1	1-2 51	NAI	4081	PITAL	BALTIMORE	E. STREET AND NUM	NORE	YES K	NO []		
						451	1 FAIRULE	W ALL	= 21216		
5.	SEX 6	- RACE	N	7. MARRIED	NEVER MARRIED DIVORCED	8. DATE OF SIRTH	9. AGE (in year lost birthdoy)	Months	er I Yı. II Under 24 Hıs. Doys Houis Min.		
10.	A. USUAL OCCUP	ATION (Give	kind of wor	LIOB KIND C	of BUSINESS OR INDUSTRY L Security	11. BIRTHPLACE (Stole	or (oreign country)	12. CI	TIZEN OF WHAT COUNTRY		
41 -	Examining		ii ii teinee,		istration	Baltimore,	Maryland	U.	S.A.		
	FATHER'S NAME		-	T T COULT	10010.01011	14. MOTHER'S MAIDE					
	Arthur Br	ooks				Myrtle Hal:	1				
15.	Was Deceased Es, no or unknown) (ver in U. S.	Armed Fo	rces?	1 6. SOCIAL	17. INFORMANT			ADDRESS		
"	no	ii yes, give	wor at 601	es of service	SECURITY NO. 218-30-5759	MR. Arthur	Proping F116	Crosta As	2222		
	18. [7]	91			CAUSE OF DEATH	MIN. AL'CHUL'	prooks 2110	Craig A	APPROXIMATE INTERVAL		
	DISEASE	OR COND	ITION DI	RECTLY	HE	PATIC C	MA		BETWEEN ONSET AND DEATH		
	(This does not	EADING TO		dvina a a	(A) IMMEDIATE CAU	SE	770174				
	head failure, as	sthenia, etc.	li means	the disease	DUE TO, OR AS	CONSEQUENCE OF:					
		TECEDENT			C/	RRHOSIS					
	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF:										
	nise to the UNDERLYING	obave ca	use (A)	sloling the							
	ONDERENING		4 lust		(C)						
ATION	OTHER SIGNIFICATION THE DEATH	BUT NOT REI	ATED TO T	HE TERMINAL	**********************	MT-000 Gmonn-n-n-n-n-n-n-n-n-n-n-n-n-n-n-n-n-n-n					
ERTIFIC,	19A-DATE OF O	PERATION	198 CON WAS PER	DITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes	or No. 208, IF YES, IN CERTIFYIN	WERE FINDING	CONSIDERED DEATH?		
CAL CE	21 A. ACCIDENT OR CONTRIBUTE DEATH (notify m	WAS UND	ERLYING [SE OF iner)	211 her etc	RPLACE OF INJURY (e.g., in ne, farm, loctory, street, all J	or about 21C, WHERE E	DID (If In B	oltimore City, gt	ve exoct locotion)		
EDI	21D. TIME (A	Month) (Do	y) (Year)	(Hour) 218	INJURY OCCURRED	21 F. HOW DI	D INJURY OCCUR?	·			
Z	(APPROX)			W	nile At Not While				,		
	22. I certify th	at A (this	hospital) attended t	the deceased fram	4/14/12			1/9 19 72		
	that (#(we) lo	st sow the	decease	d olive an.	5/9	7) apinion dec	th occurred on the date		
	and hour and fi	rom the ca	uses stat	ed obove.	I) (We) (did) (did not) vi	ew the body ofter de	eath.		and the sale		
and hour and from the causes stated obove. If (We) (did not) view the body ofter death. 23A. SIGNATURE Attending Med. Staff 23B. DATE SIGNED									TE SIGNED		
		/	aya	mes	M D After	ding Med. Director	Shaff Phys.	V	19/72		
	NAME (Type	A.	c. I	MALIC	CO M.D.	D. ADDRESS	uai Hos	prial	Belt more		
24/	REMOVAL (Spo	ATION, 24B.	DATE	24C. N	AME of CEMETERY OF CRE	AATORY 2	4D. LOCATION	(City, town,	or county) 15tote)		
B	urial	5-	13-197	72 Ari	butus Memorial	Park Inc	Baltimore,				
25A	. DATE REC'D BY	HEALTH C	EPT.	25B-NAME	OF REGISTRAR		cros 735 Hari	ord Ave	Apples		
VS	MAY 1 0 1	972	(Caralle		0000	Marshall V	W. Jones, Jr	?.			

Redirector

Toroni (20 mol)

The Property

G-656 04449 BALTIMORE CITY HEALTH DEPARTMENT

1			WEDI	CALI	XAN	IINER'S	CERT	TIFIC	ATE OF	DEAT	H REG.	NO		~ ~
	RTH NO.	EACED			-		II. D.	ATE					E .	
	NAME OF DEC	LEASED	MELVIN	GREE	N, Un,			OF .	Estimoted	Apri:	Doy 1 20	1972	Hour	11
4.	PLACE IN BAL	TIMORE, MARY	LAND, WH	IERE PROF	NOUNCE	DEAD		ATH	2011110700	Month.	Day	Year	Haur	М.
FU	LL NAME OF	(IF NOT IN	HOSPITAL OR LOCATION	OR INSTITU					NCED DEAD	Apri	1 29,	1972	2:10	М.
OK	JC	hn Hopk	ins Ho	spita	1	(DOA)	5. US A. STA	ATE	aryland	e deceased liv	ed. If Instit B. COUN		befare odmiss	ion)
6.	SEX	7. RACE	8	MARRIED	□ NEVI	ER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?					areas at S		
	Male	Negro		WIDOWED		DIVORCED		Ва	altimore			YES 🗹	NO 🗆	
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. Manths, Doys, Hours, Min.								REET AN	ID NUMBER		117			
43	4-28	-45	湖 。	26	CITIZEN	05			224 Deck	er Aver	nue			
11.	BIKIHPLACE (S	tote or foreign o	country)	112.	WHAT CO	OUNTRY?	13. FA	ATHER'S	NAME					
		PATION (Give kir		B. KIND O	ZI, S,	SS OR INDUST	N) e	OTHER'S	MAIDEN NA	ME SP				
a an	Stack	Clesk) if refired)		7		B	00+	HA COX	(
16. (Ye	WAS DECEASI	ED EVER IN U.S	. ARMED F	ORCES?	17. SO	CIAL CURITY NO.	18. 11	FORMA	NT			ADDRESS	11=12	
_	Na			,	212.	44-327	3 CA	raly	N Gree	N 122	4 N.	Decker	nAve.	
	19. 30	4.91				CAUSE OF DI						,	APPROXIMATE INT	
	DISEAS	E OR CONDITIO	ON DIRECT	TLY .										
	t	LEADING TO DI of meon the mo				(A)IMMEDIAT			ravenou	s narco	tism			
	heart foilure,	, osthenio, etc. It i aplication which c	meons the d	lisease,		DUE TO, O	R AS A CC	ONSEQUE	ENCE OF:					
			Here											
		NTECEDENT CA OR CONDITION		GIVING		(B)	RASAC	ONSEQL	JENCE OF:					
	RISE TO THE	ABOVE CAUSE	(A) STATIN	STATING THE										
0		11				(C)								
CERTIFICATION	TO THE DEA	IFICANT CONDI ATH BUT NOT REI CONDITION GIV	LATED TO TH	HE TERMINA			dik direkrik dip ppaga sas sas ppaga	*****		.00000000000000000000000000000000000000			******	0000040404
RTI		OPERATION 2			R WHICH	OPERATION	WAS PER	FORME	D			21. AUT	OPSY? (Yes or	r No)
	2												Yes	
EDICAL	UNDERLYING	NAL CAUSE WA	B-	22E hor	ne, farm, fo	OF INJURY(e. octory, street, al	g., in or o fice bldg.,	etc.) 220	URY OCCUR?	(If in Boltimor	e City, glv	e exact locotion)	01
ME		(Month) (Doy)		(Hour)	22 E.1NJ U	RY OCCURRE	D	22F	HOW DID IN	JURY OCCI	JR?			
	OF INJURY (APPROX.)		,		WHILE AT		OT WHILE							
	23.			m.	WORK	Al	WORK				_			
	I cert	ify that I held	lan Ind	quiry 🗌	Inspe	ctian 🔲 👃	utapsy	X	and that an t	hIs basis,	death in	my apinian		
	result	ted fram: Natu	ural cause	es X	Accident	Suid	ide 🗌	Ham	icide 🗌	Undetermi	ned mann	ner 🗌		
	ACTUAL	131	1.	()	()	-1		CH	HEF MEDICAL	EXAMINER			DATE SIGN	IFD
	SIGNATU	JRE U	ules	, J.	Jose	ngalon	.D.	ASSIST.	ANT MEDICAL	EXAMINER	K			
	EXAMINI NAME (T	er's Ch	arles	S. SI	ringa	ate, M.D		ASSOC	IATE MEDICAL	EXAMINER	□ A	pril 30	, 1972	
24 RE	A. BURIAL CREA MOVAL (Specif	AATION, 24B.	DATE			E of CEMETER	-	EMATOR'	Y 24D.	LOCATION	(City,	town, or count	y) (State	e)
25	BUNIAI	DV HEATTH DE	3-7	2	BAL	TIMORE	cev	DETE		BLTIM	ORE	ADDRESS	od.	
25	ALAV 1	BY HEALTH DEE	is Can	25B. NAM	OF REC	SISTRAR		25C FU	NERAL DIRECT	D M	1	ADDRESS	1.	7.
	MAT 1	19/2	19000	ref Amil	200	(S),		Jary	deletit	collec	k24.	318. Ol	wers	t
VS	151-REV. 1/1/68		1	18	1 40	4.3	1)	J "	148106					1

SHOW BATTE BRINDING FINESK MERKIN, BERKELFICE Burger 2-2-42 Engrisome Breezewy Engrisone, Ad-Red William & misso lit

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

	11 101	120		BALTIMORE CITY	HEALTH DEPARTMENT		~0 644:0
216	4 - 42/ TH NO.	12 0	4450	CERTIFICA	TE OF DEATH	REG. NO	72 04450
	AME OF DECEASED				2 DATE AL	ND HOUR OF DEATH	
	e or Print)	SARAH	ALL:	SAP	5- 3	3 - 12	610 P M.
3. 1	PLACE IN BALTIMORI		HERE PRON	OUNCED DEAD	4. USUAL RESIDENCE (Whe	re deceased fived. If i	nstitution: residence before admission)
HO	LL NAME OF (IF	F NOT IN HOSPIT DDRESS OR LOCA	AL OR INST	TITUTION, GIVE STREET	MARYLAND C. CITY OR TOWN	D. INS	SIDE CITY LIMITS?
	SITORON				BALTIMORE E STREET AND NUMBER		YES NO NO
M	DUNT SINI	i NURSIN	VG HA	ME	1509 N. BROAD	WAY	
5. S	EX 6. RAC	E 72		D NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr., If Under 24 Hrs.
2		В	WIDOWE		12-25-04	lost birthdoy)	Months Doys Hours Min.
				OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	ign country)	12. CITIZEN OF WHAT COUNTRY?
	Hausewif		A.	HOME	VIRGINIA		Z/. S. A.
13.	HOUSEWIF				14. MOTHER'S MAIDEN NA	ME	
.,					21.0		
15.	Was Deceased Ever in s, no ar unknown) (If yes	U. S. Armed For	rces?	1 6. SOCIAL	7. INFORMANT		ADDRESS
	. 4	, give wor or dote	es of service	SECURITY NO.			
-	NA 18. / / / / / / / /	1 .		NONE CALLS OF DEATH	WOHN HLLSOP	1509 N. B.R.	APPROXIMATE INTERVAL
	412.	CONDITION DI	DECT! V	CAUSE OF DEATH			BETWEEN ONSET AND DEATH
		ING TO DEATH	KECILI	A SHAMEDIATE CAL	ASCUD	* CHF	1 deep
	(This does not med heart failure, asthen	on the mode of	dying, e.	(A) MMEDIATE CAL	A CONSEQUENCE OF:		
	injury or complication			,	11 /-	5 - 6	,
	ANTEC	EDENT CAUSES		(8)	Chronic G.	race on	asome
	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF: rise to the obove cause (A) stating the						
	UNDERLYING CON		stoting I	(C)			
		11					
TION	OTHER SIGNIFICANT	CONDITIONS CO	HE TERMINA				
O	19A. DATE OF OPERA	ATION 19B. CON	IDITION FO	R WHICH OPERATION	20A. AUTOPSY? (Yes or N	o) 208, IF YES, WERE	FINDINGS CONSIDERED
CERTIFIC	0	WAS PER	FORMED			IN CERTIFYING CA	AUSES OF DEATH?
AL	21 A. A CCIDENT WA OR CONTRIBUTING [DEATH (notify medical	CAUSE OF		PIB. PLACE OF INJURY (e.g., i nome, form, factory, street, of etc.)	n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?	(II In Boltimo	ore City, give exoct location)
EDIC		th) (Doy) (Year)	(Hour) 2	1E. INJURY OCCURRED	21F. HOW DID IN.	JURY OCCUR?	
2	OF INJURY (APPROX.)			While At Not While Work At Work			
	22. I certify that (I) (this bosnito		the decegsed/from		1972 10 5	/3 19 72 .
	that (i) (we) last s			5/2-	19 7 2 - and 1	not In (my) (our) op	inlan death accurred on the date
					riew the body after death.	101 III (III) (001) OP	This doct decorred on the dole
	23A. SIGNATURE			5			238. DATE SIGNED
	The	sund /	7.14	allins MA Atte	ending Med. Director	Staff Phys.	5/6/72
	23C. PHYSICIAN'S NAME (Type)	- DWARD	5.1	KALLINS MI	23D. ADDRESS	HBAY)	SALTIMONE NO
244	REMOVAL (Specify)	N, 248. DATE	24C.	NAME of CEMETERY of CRI			City, town, or county) (State)
B	BURIAL	5-6-7	2 B	PRUTUS MEMOR	IAL PARK AR	BUTUS, M.	DARYLAND
25A	MAY 1 0 107	2 Palent	25B. NAM		O LAPO	8.00.1.	- 9
VS	150-REV. 1/1/68	T. O.C. C. C. D. C.	The Name Of	as real	Vana de la	CHURCHER 2	4318.Oliver St.

MOUNT SINN ENWISHE HERE I ISON H. BROWNING FRANK. thus exists I have the series of the state of the series ZANTANIA TERMINANTANIA TERMINANTANIA THE THE RESERVE STATE OF THE ST the state of the state of the state of BURGER 5-6-12 BORNTHE PRINTER PART PRESURES PRINTERS

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9	1) -00	0	MED	ICAL	EXAMINER'S	CERTIF	ICATE OF	DEAT	H REG. NO.	121	,41)1
1	NAME OF DEC	FASED Ø				11-	25.17		NEO. 110		
(Ty	pe or Print)	- 0		TERR	y Die65	2. DATE OF	Known 🖎	Month	Doy	Yeor	Hour
4	PLACE IN BAL	George	DIGGS PVIAND W	HEDE DOO	NOUNCED DEAD	3. DATE	Estimoted L	5	6	72	M.
FU	LL NAME OF OSPITAL INSTITUTION				UTION, GIVE STREET		OUNCED DEAD	Month 5	6	72	3:07 a.
OF	HOIIUIIIZHI	John	s Hopk	ins Ho	spital	5. USUAL A. STATE Md	RESIDENCE (Where	e deceosed i	B. COUNTY	: residence	before odmission)
6.	SEX	7. RACE		8. MAPPIE	NEVER MARRIED	C. CITY C			D. INSIDE CI	TV HAITS?	100
n	nale	Negro		WIDOWE			Balto.				🖂
9.	DATE OF BIRTH		10. AGE (In	yeors N	Under 1 Yr. II Under 24 H	S. F. STREET	AND NUMBER		YE	S W	ио Ц
L	3-24-		lost birihdoy 4(onths Doys Hours M	93	3 N. Patte	erson I	k. Ave	•	
11.	BIRTHPLACE (S	tote or foreign	n country)	12	. CITIZEN OF WHAT COUNTRY?	13. FATHE	R'S NAME				
L	North C	RALIA	(A)		7/50.	Will	1 ELLERB	e Die	165		
don	CUSUAL OCCUP eduring most of w	ATION (Give orking lile, eve	kind of work i	4B. KIND C	F BUSINESS OR INDUS	TRY 15. MOTH	ER'S MAIDEN NA				
1 /	BUDNER	,		Ste		7/11K	Nosil N				
16. (Ye	WAS DECEASE s, no or unknown)	D EVER IN U	J.S. ARMED	FORCES?	17. SOCIAL SECURITY NO.	18. INFO	MANT		Al	DRESS	
	No	500				ESTA	LER O. Die	36593	3N. Parr	ersan	PK, AVE.
100	19.F 96	XB			CAUSE OF D	EATH		-		Al	PPROXIMATE INTERVAL
	DISEASE	OR CONDI	TION DIREC	TLY	Gur	shot wo	unds of ch	est an	d abdome	n	
	for .	EADING TO			(A)IMMEDIAT	E CAUSE					
	heart fallure,	osthenio, etc.	It meons the	discose,	DUE TO, C	R AS A CONSE	QUENCE OF:				
	Injury or com	piicolion which	n coused deo	in.)							
		TECEDENT			(B)						
	DISEASES O	ABOVE CAU	ONS, IF ANY, ISE (A) STAT	GIVING ING THE	DUE TO, C	R AS A CONS	EQUENCE OF:				
z	UNDERLYIN	G CONDITIO	ON LAST.		(c)						
은			11								
હ	OTHER SIGNI	IH BUT NOT	RELATED TO 1	HE TERMIN	G AL						
F	DISEASE OR (CONDITION (GIVEN IN PA	RT 1 (A).							
CERTIFICATION	DATE OF	OPERATION	ZUB. CON	DITION FO	R WHICH OPERATION	WAS PERFOR	MED				PSY? (Yes or No)
	22A. EXTERN	IAL CAUSE V	MAC	last	NACE OF BUILDING					1	yes
EDICAL	UNDERLYING	OR CONT	RIB-	ho	ne, form, foctory, street, of	fice bldg., etc.)	INJURY OCCUR?	il in Boltimo	re City, give exac	t location)	-
	UTING CAU	Aonth) (Do		(Hour)	HOME 22E.INJURY OCCURREN		933 N.	Patte:	rson Pk.	Ave.	100
	OF INJURY (APPROX.)	5 6			WHILE AT - NO	Y. OT WHILE WORK	22F. HOW DID IN			1.	
	23.		1	m.	WHILE AT NO	WORK A	Subject v	vas sno	ot aurin	g alte	rcation.
	1 certi	fy that I he	ld on In	quiry 🗌	Inspection A	utopsy 🔯	and that on th	is basis.	death in my	ninian	
	resulte	d from: No	itural caus	es 🗍			omicide XX t				
			1 11	/			CHIEF MEDICAL E			1	
	ACTUAL SIGNATU	DE X	4,1	168 8	utte	_ ASS	ISTANT MEDICAL E		xxx		DATE SIGNED
	EXAMINE		Poton	Linkow	ic, M.D.	.υ,	OCIATE MEDICAL E				5/6/72
24	NAME (Ty	pe)						VAMINER			70772
RE	A. BURIAL CREM MOVAL (Specify	AIION, 24	B. DATE		24C. NAME of CEMETER	Y or CREMAT	ORY 24D. L	OCATION	(City, town,	or county)	(Stote)
13	URIAL		-10-7	2	Ot. CALVAR	Y CEMP	repy A	INPF	RUNDO	100	nd.
254	DATE REC'D B	a see man tille. I	1 12 11 11	258 NAM	E OF REGISTRAR		FUNERAL DIRECTO	R	AD	DRESS	
	MAY 1 U	BIZ 0	dellast à	A STAN	Bay, M.D.	Ra	udalah Qx	oppn!	1. 211.21	10	
VS	151-REV. 1/1/68		A/ 10	0 14 1		12:12	A TOTAL STATE OF THE STATE OF T	100 11	RX401	20	

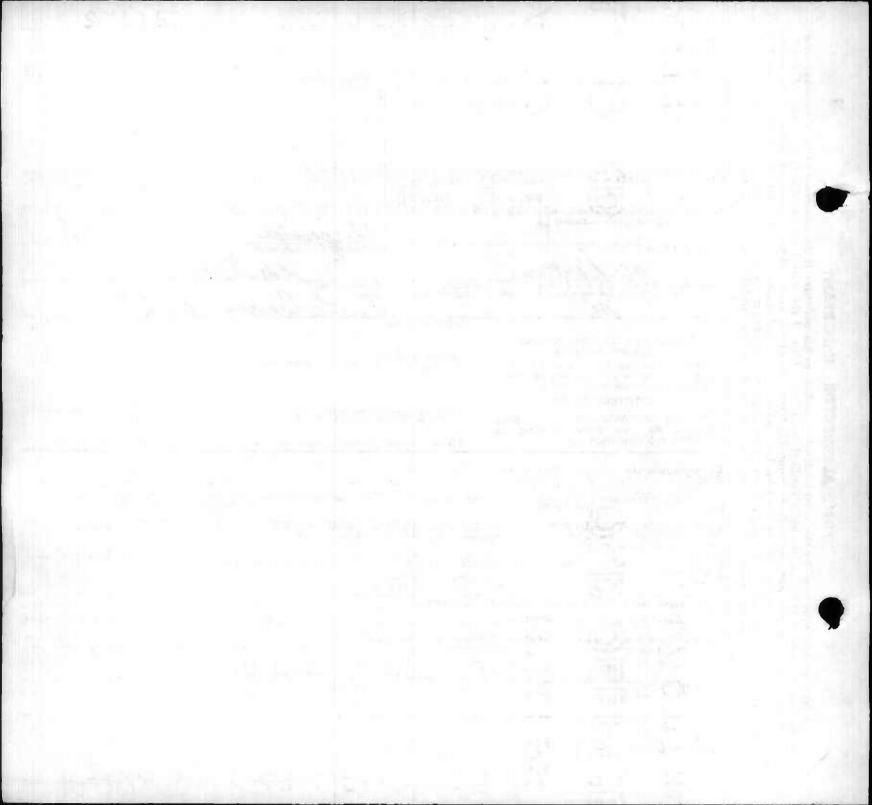


.TV: DE BRETARIAS . 1515am

THE RESERVE AND THE RELEASE OF THE PARTY OF

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

N	Ean		BALTIMORE CITY	Y HEALTH DEPARTMENT		TO DAAKO
BIRTH N	- 22	04452	CERTIFICA	TE OF DEATH	REG. NO.	72 04452
1. NAME (Type or	OF DECEASED	10	1	2. DATE	AND HOUR OF DEA	
3. PLAC	E IN BALTIMORE, MARYLAND, W	HERE PRONOU	T GOMER	4 USUAL RESIDENCE IV	There deceased lived. I	1 /2 NOON M. Institution: residence before admission)
FULL N HOSPITA	AME OF (IF NOT IN HOSPITALL OR ADDRESS OR LOCA	L OR INSTITU	TION, GIVE STREET	A, STATE B, CO	1 Baltin	10RE 14-00
INSTITU	TION			0 .1	DORF D. II	NSIDE CITY LIMITS? YES A NO
45	PARYLAND GEN	ERAL	HOSPT	E. STREET AND NUMBER		VIA AVE
5. SEX	6. RACE	7. MARRIED	NEVER MARRIED	& DATE OF BIRTH	9. AGE (In years lost birthday)	Il Under 1 Ys. If Under 24 Hrs. Months Days Hours Min.
	n N	WIDOWED	DIVORCED [12/12/09	62	
	AL OCCUPATION (Give kind of work ng most of working life, even if refired)	IOR KIND OF	BUSINESS OR INDUSTRY	11. BINTHPLACE (State or	foreign country!	12. CITIZEN OF WHAT COUNTRY?
13. FATH	ER'S NAME			14. MOTHER'S MAIDEN	NAME /	
	Mulland	m		1	inknou	1
15, Wes (Yes, no o	Deceased Ever in U. S. Armed For runknown) (If yes, give war or dote:	es? of service)	SECURITY NO.	17. INFORMANT	aren 1	ADDRESS ADDRESS
18.	198 X		CAUSE OF DEAT	H THE	man 11	APPROXIMATE INTERVAL
1	DISEASE OR CONDITION DIR	ECTLY		METASTATIC		BETWEEN ONSET AND DEATH
(71.	LEADING TO DEATH	Julian Law	(A) IMMEDIATE CA	USE Savanous	Ell CaRF	BLADER
hea	s does not mean the mode of it failure, asthenia, etc. It means	the disease.	DUE TO, OR AS	A CONSEQUENCE OF:		
inju	ry or complication which caused	death.)				
Dis	ANTECEDENT CAUSES EASES OR CONDITIONS, II	on chies	(B)	A CONSEQUENCE OF:		
nise	to the above cause (A) DERLYING CONDITION fast			A donated and on		
0.0	II		(c)			
NO THE TO THE	ER SIGNIFICANT CONDITIONS CO! THE DEATH BUT NOT RELATED TO THASE OR CONDITION GIVEN IN PART	E TERMINAL	ASCVE)		
	DATE OF OPERATION 198 CONI	NION FOR W	HICH OPERATION	20A AUTOPSY? (Yes or	No. 208, IF YES, WE	RE FINDINGS CONSIDERED CAUSES OF DEATH?
OR I	ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF THE (notify medical examined)	21 B. (home etc.)	PLACE OF INJURY (e.g., form, factory, street, c	in or about 21 C. WHERE DIE flice bldg., INJURY OCCUR	(If In Bolti	more City, give exact location)
D 21D.	TIME (Month) (Doy) (Year)	(Hour 21E	INJURY OCCURRED		INJURY OCCUR?	
2 00	PROX.)	While	Not Whi	• 🗆		
22.	I certify that (I) (this hospital	attended th	e deceased from	4/1	_19 <u>7.2</u> ta	5/4 19 72
that	(i) (we) last saw the decease	d alive on	5/4	19 75 and	that in (my) (aur)	apinian death accurred an the date
and	haur and from the causes stat	ed above. (i)	(We) (did) (did not)	view the bady after deat	h.	
23A.	SIGNATURE / 19	19	/ CIAL.	ending Med. Director	Staff Phys.	23B, DATE SIGNED
23 C.	PHYSICIAN'S NAME (Type)	ta un	DEGREE PR	23D. ADDRESS	,	
24A. BU	RIAL CREMATION, 1248, DATE		ME OF CEMETERY OF CH		LOCATION	(City, town, or couply) (State)
	MOVAL (Specify)	22 20	Anlan	D. A-	11.11	m
25A. DA	ATE REC'D BY HEALTH DEPT.	258. NAME O	FREGISTRAR	25C FUNERAL DIRECT	MULLEUS .	ADDRESS
14	N 1 0 1972 Robert	. Ruber	A.B.	Dulalen	ות ותחונים	mally his
VS 150-	REV. 1/1/68				The state of the s	



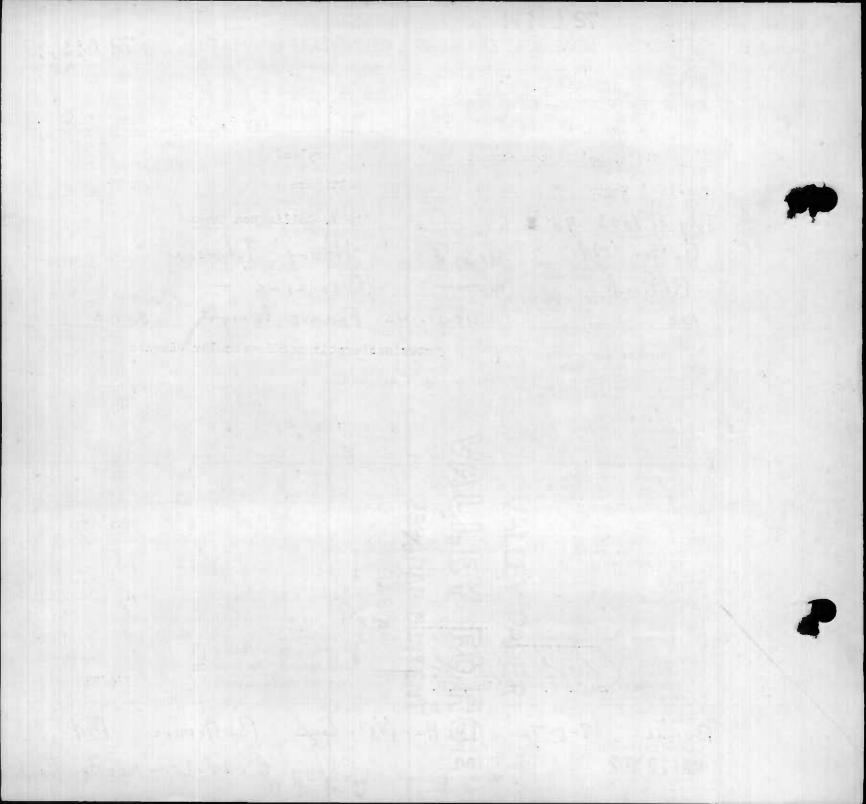
25C. FUNERAL DIRECTOR



REC'D BY HEALTH DEPT.

VS 151-REV. 1/1/6B

25B. NAME OF REGISTRAR



ANTECEDENT CAUSES (8) DUE TO, OR AS A CONSEQUENCE OF: DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(c).

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). CERTI 20A. DATE OF OPERATION | 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOPSY? (Yes or No) Yes 228. PLACE OF INJURY (e.g., in or about 22C, WHERE DID (If in Baltimore City, give exact location) home, form, loctory, street, effice bidg., etc.) INJURY OCCUR?

Home EXTERNAL CAUSE WAS UNDERLYING NOR CONTRIB UTING CAUSE OF DEATH. 22D. TIME (Month) (Day) (Year) (Hour) 22E.INJURY OCCURRED 22F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE WHILE AT (APPROX.) 9:30 P 5-2-72 Shot by unknown assailant 23.

				AI HORK		~		
I certify t	hat I held an	Inquiry	Inspection	Autopsy 🔀	ond that on	this basis,	deoth in my opin	ilon
resulted f	rom: Natural	causes -	coldent -				ned monner	
ACTUAL	11	10	1	-	CHIEF MEDICAL			DATE SIGNED
SIGNATURE_	man	W>J.	soungs)	Sourb.	STANT MEDICA	LEXAMINER	X	DAIL SIGNED
EXAMINER'S	Char	les S. Spi	ringate, M	.D. ASSO	CIATE MEDICAL	LEXAMINER	☐ Ma:	y 4, 1972

24A. BURIAL CREMATION, 24C. NAME of CEMETERY OF CREMATORY 24B. DATE 24D. LOCATION REMOVAL (Specify)

(City, town, or county) 25C. FUNERAL DIRECTOR

VNRTA

011/2 ADDRESS

(State)

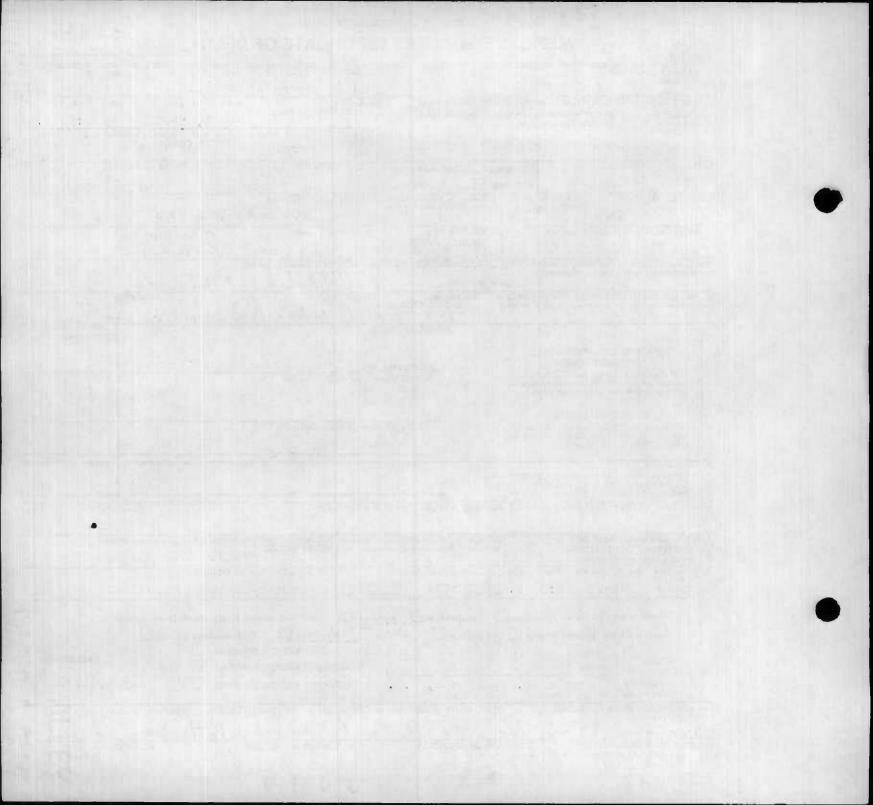
25B, NAME OF REGISTRAR Fa Ben

VS 151-REV. 1/1/68

Burial

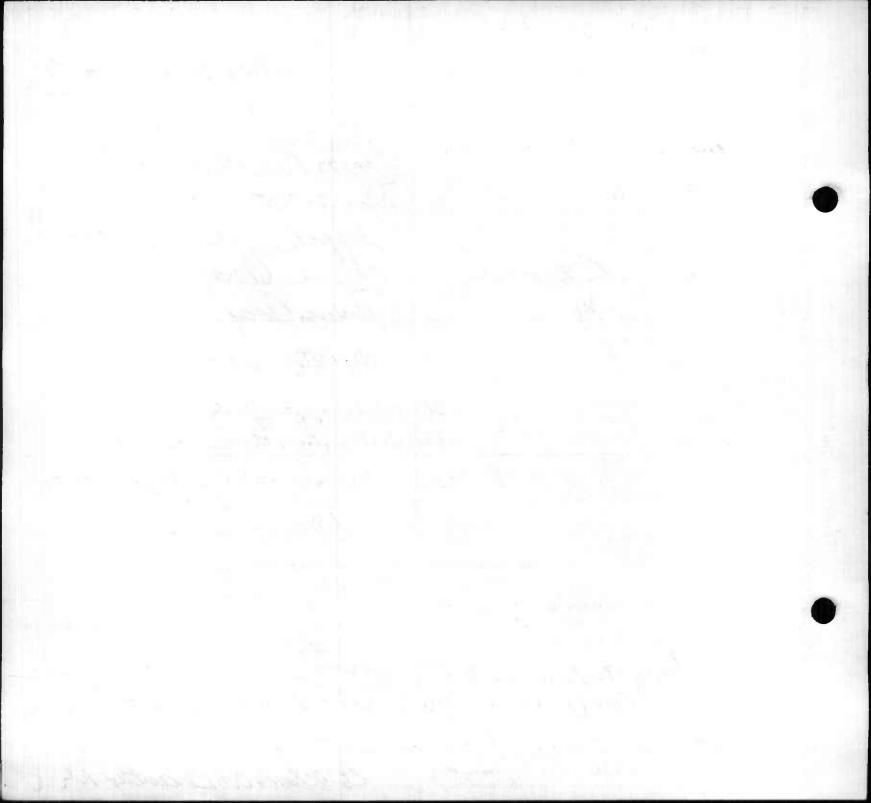
25A. DATE REC'D BY HEALTH DEPT.

2 0



FUNERAL DIRECTOR: IMPORTANT

BALTIMORE CITY HEALTH DEPARTMENT REG. NO. CERTIFICATE OF DEATH deoth Such (5) Deceased BIRTH NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) uo hospitol death. of 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, il institution: residence belore ance B. COUNTY COUSE FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C. CITY OR TOWN attend D. INSIDE CITY LIMITS? (4) Undetermined couse; 0 D YES Z NO prior contributing STREET AND NUMBER occurred is made. OL 5. SEX 9. AGE (In years U/6 DATE OF BIRTH Il Under 1 Yr. 7. MARRIED NEVER MARRIED If Under 24 Hrs. Hours Min. regul deceased lost birthday WIDOWED DIVORCED 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY M. BIRTHPLACE (Store or foreign country) 12. CITIZEN OF WHAT COUNTRY? __ death disposition done during most of working life, even if retired) 10 Was 13. FATHER'S NAME the 14. MOTHER'S MAIDEN NAME eath ossistont 0 15. Wes Deceosed Ever in U. S. Armed Forces? (Yes, no or unknown) [IIf yes, give wor or detex of service) kind; 6. SOCIAL ADDRESS finol SECURITY NO. attendance ਰ any pronounced 10 CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY of ballmed LEADING TO DEATH fracture (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: examiner heart lailure, asthenia, etc. it means the disease, regular injury or complication which caused death.) E e ANTECEDENT CAUSES who are 4 DISEASES OR CONDITIONS, if any, giving <u>ෆ</u> rise la the abave cause (A) sloting the 5 physician remains UNDERLYING CONDITION Just WOS burns; 11 CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING (6) No physician TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 [A]. (2) Body the 198 CONDITION FOR WHICH OPERATION the 19A. DATE OF OPERATION 20A. AUTOPSY? (Yes or No) 208, IF YES, WERE FINDINGS CONSIDERED 8 IN CERTIFYING CAUSES OF DEATH? before 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF where 21B, PLACE OF INJURY (e.g., in or about 21C, WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If In Boltimore City, give exact lacotion) to the hospital MEDICAL DEATH inotify medical examined any nature; obtained 21 D. TIME (Month) (Doy) (Year) (Haud 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY approved Not While (except While At IAPPROX. Wark and At Work 22. I certify that (I) (this hospital) attended the deceased fram. pe that (1) (we) last saw the deceased alive an. _19_ and that in (my) (our) apinian death accurred on the date accident of hospital death) he body was released and haur and from the causes stated abave. (1) (We) (did) (did not) view the body after death. must 23A. SIGNATURE Attending 7 0 Director _ approval 8 prior 23C. PHYSICIAN 23D. ADDRESS certificate at NAME (Type An 601 D.O.A. shows: (1) 24A. BURIAL CREMATION, REMOVAL (Specily) 24C. NAME OF CEMETERY OF CREMATORY DATE eceased 24D. LOCATION (City, town, or county) (Stote) Was NAME OF REGISTRA 25C FUNERAL DIRECTOR VS 150-REV. 1/1/68



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

0		TY HEALTH DEPARTMENT		72 04456
T-163 72 044	56 CERTIFICA	ATE OF DEATH	REG. NO.	16 0440p
1. NAME OF DECEASED (Type or Print) Robertson, A.	lice _{Lenora}	5/9	HOUR OF DEATH	1:15 a.m.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PE FULL NAME OF (IF NOT IN HOSPITAL OR I		A. STATE & COUNTY Maryland	deceased lived. Il instit	ution: residence before admission)
HOSPITAL OR ADDRESS OR LOCATIONI		c.com or town Baltimore		CITY LIMITS?
3 The Johns Hopkins	Hospital	E. STREET AND NUMBER 306 N. Gilm		
Female Negro woo	RIED NEVER MARRIED DIVORCED	5_7411 -	61	Under 1 Ye. II Under 24 Hrs. Min.
IOA USUAL OCCUPATION (Give kind of work IOB, KINdone during most of working life, even if retired)	id of Eusiness or Industi Housewife	Henreco County,		U. S. A.
Moses Waddy		Margaret Joh		
15. Wee Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) Of yes, give war or dates of ser	vicel 16 SOCIAL SECURITY NO.	17. INFORMANT	on 206 h	ADDRESS North Gilmor Stree
18. [52] / 1	CAUSE OF DEA	Garland Roberts	011 300 1	APPROXIMATE INTERVAL
DISEASES OR CONDITIONS, if any, go is to the above cause (A) stating UNDERLYING CONDITION last OTHER SIGNIFICANT CONDITIONS CONTRIBUTE TO THE DEATH BUT NOT RELATED TO THE TERM	the (c)	AS A CONSEQUENCE OF:	Manhada	
OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING!		20A AUTOPSY (Yes of No.)	OB. IF YES, WERE FIN	DINGS CONSIDERED
OR CONTRIBUTING CAUSE OF DEATH (notify medical examined	21B PLACE OF INJURY (a.g. home, farm, factory, street, etc.)	in or about 21C, WHERE DID office bidg, INJURY OCCURY	(It in Baltimore C	ity, give exact location)
210-TIME (Month) (Doy) (Year) (House	21E INJURY OCCURRED While At Not Will Work At Wo	21F. HOW DID INJUR	Y OCCUR?	
22. I certify that (1) (this hospital) atten-	ded the deceased from	May 1, 1972 19	72 to may 9	19.72
that (I) (we) last saw the deceased alive	on may 9, 1972	19 72 and that		
and hour and from the causes stated abo	ve. (1) (We) (dld) (dld not)	view the body after death.	10:	B. DATE SIGNED
100 th	(/_() A	Hending Med. Sh	off KX	5/9/72
23G. PHYSICIAN'S NAME (Type)	M.D	23D. ADDRESS		
24A. SURIAL CREMATION, 248 DATE FAMOUAL (Specify) 5-12-72	DEGRE 4C. NAME OF CEMETERY OF C			town, or county) (State)
Burial ######			Laurel, Mar	
25A. DATE REC'D BY HEALTH DUT. 2258 N.	ME OF REGISTRAR	Moriton & Dvet	t Funeral H	omes, 1701 -Laurer
VS 150-REV. 1/1/68	S 60 N			

- SEAT 1110 The second of th and the state of t the with a patient on I think it nervan teet nervan

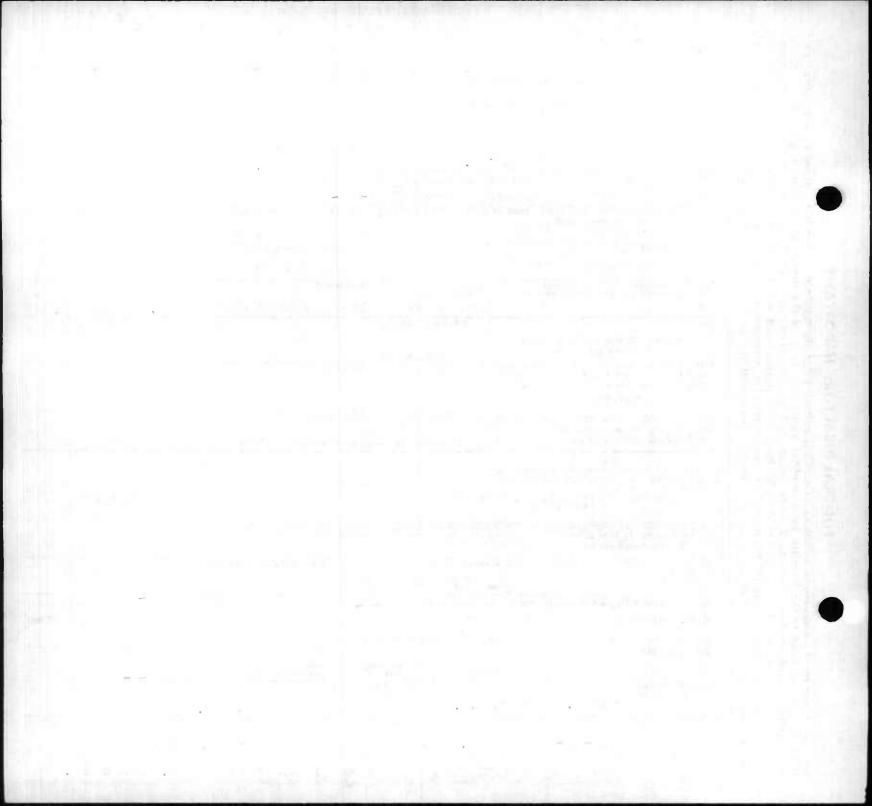
, and the state of
72 04457 BALTIMORE CITY HE	ALTH DEPARTMENT	
	CERTIFICATE OF DEATH REG. NO	72 04457
BIKIH IYO.	REG. INO.	
1. NAME OF DECEASED (Type or Print)	2. DATE Known X Month Day	Year Hour
Lewis Wilson	OF DEATH Estimoted 4 28	72 M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy	Year Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION GIVE STREET ADDRESS OR LOCATION)	PRONOUNCED DEAD 4 28	72 8:00 a.
O O 1050 Pennsylvania Avenue	5. USUAL RESIDENCE (Where deceased lived. If Institution: a. STATE B. COUNTY Md.	esidence before odmission)
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY	LIMITS?
male Negro widowed ₺ Divorced □	Balto. YES	No □
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min.	E. STREET AND NUMBER	
4-1-1888 84	1050 Pennsylvania Avenue	
11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF	13. FATHER'S NAME	
Virginia WHATCOUNTRY?	I In len Oten	
VITGINIA U. S. A. 14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY	Unknown	
done during most of working life, even il reilred)	TO MOTTER S MAIDER TARME	
	Unknown	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)((I) yes, give wor or dotes of service) 17. SOCIAL SECURITY NO.	18. INFORMANT ADE	DRESS
Yes 7-29-18-5-31-19	Willie Hill- 1301 Argyle Aver	nue
19. CAUSE OF DEAT		APPROXIMATE INTERVAL
District S	shown force injuries	BETWEEN ONSET AND DEATH
LEADING TO DEATH	sharp force injuries	
(A)IMMEDIATE C	AUSE AS A CONSEQUENCE OF:	
heart loilure, osthenio, etc. It means the disease, injury or complication which coused death.)	S A CONSEQUENCE OF:	
more of complete and coursed debits.)		
ANTECEDENT CAUSES (8)		
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR	AS A CONSEQUENCE OF:	
UNDERLYING CONDITION LAST		
(c)		
OF COLUMN (C)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL		
DISEASE OR CONDITION GIVEN IN PART 1 (A).		
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	S PERFORMED 2	21. AUTOPSY? (Yes or No)
02		yes
Z2A. EXTERNAL CAUSE WAS 228. PLACE OF INJURY (e.g.,	in or obout 22C. WHERE DID (If in Boltimore City, give exact	location)
UNDERLYING OR CONTRIB-	in or obout 22C. WHERE DID (If in Boltimore City, give exact bldg., etc.) INJURY OCCUR?	1903
UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Year) (Hour) 22E, INJURY OCCURRED	1050 Pennsylvania Aveni	re
OF INTURY		
m. WORK AT W	WHILE Subject struck with blun	t instrument.
23,		
I certify that I held an Inquiry Inspection Aut	apsy 🕮 and that an this basis, death in my ap	inian
resulted fram: Natural causes Accident Suicide	e Hamicide XX Undetermined manner	
1 1 1	CHIEF MEDICAL EXAMINER	
ACTUAL TU, 19 VIIII	ASSISTANT MEDICAL EVAMINED TEX	DATE SIGNED
SIGNATURE M.D.		1. 100 /70
NAME (Type) Peter Lipkovic, M.D.	ASSOCIATE MEDICAL EXAMINER	4/28/72
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	or CREMATORY 24D. LOCATION (City, Jown, o	or county) (Crass)
REMOVAL (Specify)	or CREMATORY 24D. LOCATION (City, lown, o	or county) (State)
Burial 5-11-72 Baltimore	National Baltimore Mar	vland
Burial 5-11-72 Baltimore 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADD	RESS
MAY 1 0 1079 P. A. B. Ban As 8		,
	Morton & Dyett F. H. 1701 L	aurens St.
15151: REV. 1/1/68 N 8 6 9 10 1 2 U	0 1 0 2	

Z = Z = Z 1177 דולם זות 7 V = 17 of the second of ingreon to the first of the second of the se

FUNERAL DIRECTOR: IMPORTANT

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death Washows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased C a hospital and was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the written approval must be obtained before the remains are ambalance on the deceased prior to death. Such This cortificate must be approved by the chief medical examiner or his assistant if death occurred in

	BALTIMORE CITY	HEALTH DEPARTMENT	HO DALEO
BIRTH NO. 72 04458	CERTIFICA	TE OF DEATH REG. NO	. 72 04458
1. NAME OF DECEASED	77.1	2. DATE AND HOUR OF DE	ATH
Spencer Ho	olliday or Holi	day 5-6-72	11:10 A
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	ONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived,	Il institution: residence before admission
FULL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)	ISTITUTION, GIVE STREET	Maryland 21223	1604
INSTITUTION TO THE STATE OF THE			INSIDE CITY LIMITS?
27		Baltimore E. STREET AND NUMBER	YES NO
Mercy Hospital	. Inc.	528 Brice St.	
	SED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years	Months Doys Hours Min.
Male Negro WIDON		4-10-13	Months Days Hours Min,
OA USUAL OCCUPATION (Give Lind of work 108, KINI			12. CITIZEN OF WHAT COUNTI
lone during most of working life, even if reffred) Contractor		South Carolina	USA
3. FATHER'S NAME		14 MOTHER'S MAIDEN NAME	
Henry Holida	У	Katie Prince	
5. Was Docessed Ever in U. S. Armed Forces? Yes, no or unknownillif yes, give war or dates of servi	6 SOCIAL	17. INFORMANT	ADDRESS
no		Fhorence Holiday 52	28 N. Brice St.
118, 2 5 0 0 8	CAUSE OF DEAT	1 Y	APPROXIMATE INTERVAL
ANTECEDENT CAUSES DISEASES OR CONDITIONS, If any, given the control of the condition lest. Il other significant conditions contributing to the DEATH but not related to the terminal disease or condition given in Part 1 (a).	the (c)	A CONSEQUENCE OF: With Mellitus	or, radio
194 DATE OF OPERATION 198 CONDITION F	OR WHICH OPERATION	Y es	CAUSES OF DEATH?
21A-ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examined	21& PLACE OF INJURT (e.g., home, form, factory, street, o	in or obout 21 C. WHERE DID (If In Bo	timore City, give exact location)
21D-TIME (Month! (Doy) (Year) (Hous)	21 & INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
E OF INJURY	While At Work At Work	· 🗆	
22. I certify that (1) (this hospital) attend		10 72 to	5-6 19 72
that (1) (we) last saw the deceased alive	2 /		apinion death accurred on the de
			apinion death accurred on the di
and hour and from the causes stated above	e. M (us) (qiq) Adid moth.	view the body after death.	23 B, DATE SIGNED
January Natarily		ending Med. Stoff Phys.	
23C. PHISICIARYS	DEGREE Phy	23D. ADDRESS	5-8-72
23C. PHISICIAR'S NAME (Type) Terry P. Detric	h 11 D		
	C.NAME of CEMETERY of CR	Mercy Hospital, Inc.	(City, town, or county) (State)
REMOVAL (Specify)			
Burial 5-13-72	Mt. Calver		Maryland
	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
MAY 10 BYZ (1666 & E)	Jaken Ka	Charles N. Rice 66	W. Barre St.



Such the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased death was in regular attendance on the

prior to death.

deceased prior to death); and (6) No physician was in regular attendance on the deceased pr written approval must be obtained before the remains are embalmed or final disposition is made.

was D.O.A. at a hospital (except where the physician who pronounced

BALTIMORE CITY HEALTH DEPARTMENT

OKE CITT HEXCETT DELY KETMENT		~(1)	C. 4 4
IFICATE OF DEATH	REG. NO	15	()41
IFICATE OF DEATH			

BALTIMORE CI	THEALTH DEPARTMENT	1450
BIRTH NO. 72 04459 CERTIFICA	ATE OF DEATH	34 1 17
1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH	
(Type or Print) MARY J. BUTCHER	5-5-72	4:30 A.M
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution: A, STATE B, COUNTY	residence before admission)
HOSPITAL OR ADDRESS OR LOCATION) HOSPITAL OR ADDRESS OR LOCATION)	c. CITY OR TOWN D. INSIDE CITY I	2041
SCUTH BALTIMORE GEN HUSA	BALTIM GRE YES	№ □
3001 S. HANOU ER ST. BALTO	175 S. KOSSUTH ST.	
5. SEX 6. RACE 7. MARRIED NEVER MARRIED		or 1 Yr. If Under 24 Hrs. Days Hours Min.
Female Colored WIDOWED DIVORCED	1 4 - 7 - 04 68	
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTI	RY 11. BIRTHPLACE (State or foreign country) 12. CIT	ZEN OF WHAT COUNTRY
Housewife	Nexuland	1 < 1
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	- J. J.
RICHARD BASKERWILLE DEC.	17. INFORMANT	er
(Yes, no arunknown) (If yes, give war or dates at service) SECURITY NO.		
No 22-32-8476 18. // 2	A Hary Rayster 1755. Ko	SEOTH ST.
DISEASE OR CONDITION DIRECTLY		BETWEEN ONSET AND DEATH
LEADING TO DEATH	AUSE ACUTE RESARATORY & CARDING FAIL S'A CONSEQUENCE OF:	uec.
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which coused death.)	S A CONSEQUENCE OF:	
ANTECEDENT CAUSES	RBANCE OF BRAIN STEM	
	S A CONSEQUENCE OF:	
rise to the obove cause (A) stoting the UNDERLYING CONDITION lost, (C) CEREBI	RO VASCULAR ACCIDENT.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	A12. A . I I	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DIAGNOTIC	SMELLITUS, ATELACTORSIS LT LUNG	
198. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF	CONSIDERED DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g.	, in ar about 21C, WHERE DID (If In Baltimare City, glaffice bldg., INJURY OCCUR?	ve exact location)
21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED OF INJURY (APPROX.) While At Not W. Work At Wo.	21 F. HOW DID INJURY OCCUR?	
	7.0	C 10 77
that (I) (we) lost saw the deceased alive on MAT	19 22 ond that in(my) (our) opinion dec	oth accurred on the date
and hour and from the causes stoted obave. (1) (Wa) (did) (did war)		
23A. SIGNATURE		TE SIGNED
DEGREE		-5-72
23C. PHYSICIAN'S NAME (Type) N. KANT	3001 S. HANOVER ST, BALT.	mb 21230.

24A. BURIAL CREMATION. 24B. DATE REMOVAL (Specify)

24C. NAME of CEMETERY of CREMATORY

24D. LOCATION (City, town, or county)

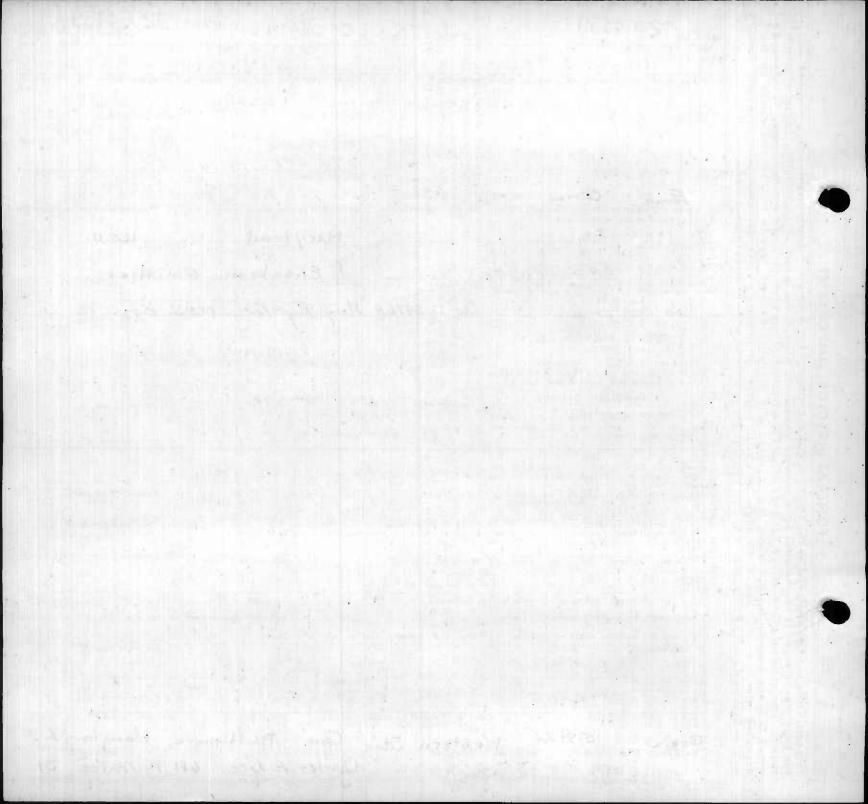
(Stote)

5-9-72

Com. Baltimore, Haryla 250. FUNERAL DIRECTOR Charles A. Rice 661 K. Barre

VS 150-REV. 1/1/68

Robert E. Faiber M. D.



M242

~0 04400 U	DICAL S	BALTIMORE CITY HE						01100
DIKITI NO.	DICAL E	EXAMINER'S	CERTIFIC	CATE OF	DEAT	H REG. NO	12	04160
1. NAME OF DECEASED (Type or Print)			2. DATE OF	Knawn 🖺	Month	Doy	Year	Hour
Richard M. 4. PLACE IN BALTIMORE, MARYLAND,	McLaugh	lin	DEATH	Estimoted	5	9	72	7:27 ♠
			3. DATE	INCED DEAD	Month	Day	Year	Hour
HOSEITAL RTI HOTESS ALO	ATOM)	VENDED			5	9	72	7:27 A.M
00 1129 Monro	citcle	5-12-72	A. STATE	Maryland		ed. If Instituti B. COUNTY		before odmission)
6. SEX 7. RACE	B. MARRIED	NEVER MARRIED	C. CITY OR			D. INSIDE	CITY LIMITS?	
Male White	WIDOWED	DIVORCED [Baltimore	2		YES 🗌	NO 🗆
9. DATE OF BIRTH 10.AGE last birth	(In years If I day) Mo	Inder I Yr. If Under 24 Hrs. nihs Days Haurs Min.	E. STREET A	ND NUMBER				
	16			1129 Mon	coe Ci	rcle		
Johnson City, Tenn.		WHAT COUNTRY?	13. FATHER	S NAME	Jack	McLau	ghlin	
14A.USUAL OCCUPATION (Give kind of wo	NI 48. KIND OF	BUSINESS OR INDUSTRY						
			Mo	ry Nell Ma	Laugh	lin		
16. WAS DECEASED EVER IN U.S. ARM (Yes, no or unknown) (If yes, give war or date	ED FORCES?	17. SOCIAL SECURITY NO.	18. INFORA				ADDRESS	
no	s or service)	SECORIT NO.						
19.		CAUSE OF DEA	TH		,		A	PPROXIMATE INTERVAL
DISEASE OR CONDITION DI	ECTLY		Na	rcotic ov	erdose		0011	TEN ORDEI ARD DEALS
LEADING TO DEATH		(ANIMMEDIATE C	AUSE ON	erdose of	denz	unlenow	2.	
(This does not meen the made of heart failure, osthenta, etc. It means injury ar complication which caused o	dying, e.g., he disease,	DUE TO, OR	S A CONSEQ	UENCE OF:				
injury ar complication which caused o	leoth.)							
ANTECEDENT CAUSES		(B)						
DISEASES OR CONDITIONS, IF A	NY, GIVING	DUE TO, OR	AS A CONSEC	UENCE OF				
LINDERLYING CONDITION LAST		(c)						
2								
OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION GIVEN IN 20A. DATE OF OPERATION 20B. CO	OTHE TERMINA							
DISEASE OR CONDITION GIVEN IN 20A. DATE OF OPERATION 20B. CO		WHICH OPERATION W	C DEDECTOR	ED.			IN AUTO	PSY? (Yes or No)
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₹ 22A. EXTERNAL CAUSE WAS	228.	PLACE OF INITIRY(e.g.,	In or obout 2	C WHERE DID O	f la Raltiman	Clhu sha a	Vant landtan	Yes
UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.	hom	PLACE OF INJURY (e.g., e, farm, loctory, street, office	bldg., etc.) If	JURY OCCUR?	i iii baiiiiiioi	s City, give e	auci iodinon)	
22D. TIME (Manth) (Day) (Ye	ar) (Hour)	22E.INJURY OCCURRED		F. HOW DID INJ	URY OCCU	R?		
(APPROX.)	m.	WHILE AT WORK AT W	WHILE					
23.	-							
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resulted from: Natural co	uses X			micide 🗌 " U				
ACTUAL // //	1.		_	HIEF MEDICAL E		K.		DATE SIGNED
SIGNATURE /	WY	M.D	•	TANT MEDICAL EX				
EXAMINER'S WE	man II	C-Sta MD	ASSO	CIATE MEDICAL EX	AMINER			5-9-72
24A, BURIAL CREMATION. 248, DATE	rner U.	Spitz, M.D.	or CREMATO	RY 24D I	OCATION	(Clty 10)	rn, ar caunty	(\$1.01.)
BBurial 5/12/7		Oaklawn Cem				Maryl) (Stole)
25A. DATE REC'D BY HEALTH DEPT.		OF REGISTRAR	25C. F	UNERAL DIRECTO	R		ADDRESS	
MAY 10 1972	Upber E	. Jaber, M.D.	9734	Joseph N.	Zanni			nkling St
VS 151-REV. 1/1/68	77	2 0 1	17 1	Joseph IV.	Zamili	, 200	J. Co	31.

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4.	PLACE IN BAL	TIMORE, MA	RYLAND, V	VHERE PI	RONO	UNCED DEAD	3. DATE		Month	Doy	Yeor	Hour
HO	ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION					NCED DEAL	5	6 ived. If institution:	1972	belore odmunon)		
-	33 Tohn	a Honk	ing Ho	ani ta	1		A. STATE	Md.		B. COUNTY		551
6.	SEX	S Hopk	IIIS NO			NEVER MARRIED	C. CITY OR T			D. INSIDE CIT	Y LIMITS?	- 01
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			lost birthdo	v)		s Doys Hours Min.				2+ ^-+	7_P	
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0.01	e dotting most of v	rorking ine,ev	en aremedy				Anne	Bail	AV			
16.	WAS DECEAS	ED EVER IN	U.S. ARME	FORCE	5?	17. SOCIAL SECURITY NO.	18. INFORM	ANT	<u> </u>	AD	DRESS	1 1 1 1 1 1 1
(10	s, no or unknown	III yes, give v	wor or dotes	of service	"	SECORITI NO.	Anne	Ba17	AT 200	Aisqui	th St	t. Ant. 7K
	19. E9	241	X			CAUSE OF DEA		1/04	0, 000	The United	A	PPROXIMATE INTERVAL
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	AI	NTECEDENT	CAUSES			scald	ling burn	ns				
	DISEASES	OR CONDITI	ONS, IF AN	, GIVING	3	DUE TO, OR	AS A CONSEQ	UENCE OF:				
	UNDERLYIN	E ABOVE CA		TING THE		(0)						
O						· (C)						
CERTIFICATION	OTHER SIGN TO THE DEA	IFICANT COL ATH BUT NOT CONDITION	RELATED TO	THE TERM	MINAL							
RTI	20A. DATE O					VHICH OPERATION W	AS PERFORME	D			21. AUT	OPSY? (Yes or No)
S	2.											yes
₹	22A. EXTER	NAL CAUSE	WAS		22B. PI	LACE OF INJURY(e.g.,	in or obout 22	C. WHERE	DID (If in Boltim	ore City, give exo		
EDIC	UNDERLYING				home,	form, foctory, street, ollic	e bldg., etc.) IN	JURY OCC	Asquith	_	-	'A I
ME	UTING L CA	· · · · · · · · · · · · · · · · · · ·	Ooy) (Yeo	r) (Hou	ur) 22	E INTURY OCCURRED	22		A	ur? apparent	_	- 1
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	SIGNAT		01	10	11	M.I).					
	NAME (P11	ccal1	1 9	Fisher, M.I		CIATE MEDI	CAL EXAMINER		5.	-8-72
24	A. BURIAL CRE		24B. DATE	JOCL.		NAME of CEMETERY		RY	24D. LOCATIO	N (City, town		
RE	MOVAL (Special		5-11	-72		t Calvary				Arundel		
25	A. DATE REC'D	BY HEALTH	DEPT.	25B. 1	VAME (OF REGISTRAR	25C. F	UNERAL DI			DDRESS	
	MA	11018	72 R	Best	ट रें	eber KD !	Wm	C Ma	rch 9	28 E No:	rth A	Ave.
VS	151-REV. 1/1/6	8		3	5/2	1 NA 18K			6			

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the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the

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VS 150-REV. 1/1/68

OF DEATH

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REGNO		,	X	,I	UC

	ME OF DEC	EASED				2. DATE A	D HOUR OF DEATH	1	
Type or Print) MAXFIELD, Walter McKinley				5-9-	72	12:20	F		
3. PL/	ACE IN BAL	TIMORE MARYLAND, W			4. USUAL RE	SIDENCE (Whe	re deceosed lived. If	institution: residence before o	
E1111	NAME OF	(IE NOT IN HOTELT	AL OB INICIAL	UTION, GIVE STREET	Maryl			1)0	4
HOSP	PITAL OR	ADDRESS OR LOCA	ATION)		C. CITY OR TO		D. IN	SIDE CITY LIMITS?	
		Veterans Admi			Balti	more		YES NO	
2	100	3900 Loch Rav				ND NUMBER			
	ten/	Baltimore, Ma	ryland	21218	+-	Barclay	Street		
	ale	6. RACE Negro	WIDOWED		8. DATE OF 8	98	9. AGE (In years last birthday)	Manths Days Hours	Mir Mir
		UPATION (Give kind at work warking life, even if retired)	108. KIND O	F BUSINESS OR INDUSTRY	11. SIRTHPLA	CE (State or lore	ign country)	12. CITIZEN OF WHAT C	OUN
	-	Fireman	Ft.	Holabird	Mar	yland		U. S. A.	
13. FA	ATHER'S NA	ME			14. MOTHER	S MAIDEN NA	ME		
	Sa	amuel Marwell			Or	pha Lee			
IS. Wo	os Deceosed	Ever in U. S. Armed For	rces?	1 6. SOCIAL	17. INFORMA	N Records	V. A. Hosp	oital ADDRESS	
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MEDICAL CERTIFICATION O 121 121 123 2344 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	DISEASES (Cise to Ihunderlyin) OTHER SIGNIFO THE DEAT OTHER SIGNIFO THER OTHER SIGNIFO THE OTHER SIGNIFO THER OTHER SIGNI	CR CONDITIONS, if e obove cause (A) of CONDITION lost. CICANT CONDITION I lost. CICANT CONDITION SCO TH SUT NOT RELATED TO TONDITION GIVEN IN PAR OPERATION 198 CON WAS PER INT WAS UNDERLYING THAT (M (this hospitol I lost saw the deceose of from the couses state OF THE STATE MATION, 248 DATE Specily) SY HEALTH DEPT.	any, giving stating the NTRIBUTING HE TERMINAL IT I (A).	WHICH OPERATION R. PLACE OF INJURY (e.g., ne, form, foctory, street, or ne, foctory, street, or	Januar 19 72 view the body 23D. ADDRESS 3900 LO EMATORY	D. WHERE DID JRY OCCUR? HOW DID IN. ofter deoth. Med. Director V. A. F.	208. IF YES, WERE IN CERTIFYING C. (If In Soltime URY OCCUR? 19 72 to Me not in (May) (our) op Stoff Phys. C. OSDITAL OCATION (G. ettysburg	e FINDINGS CONSIDERED AUSES OF DEATH? are City, give exoct lacotion) 23 B. DATE SIGNED 23 B. DATE SIGNED City, town, or county)	21

reference the contract of Marie Commission Control of the Cont and the second second second A MARKET A PROPERTY OF

IMPORTANT FUNERAL DIRECTOR:

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such This certificate must be approved by the chief medical examiner or his assistant if death occurred in written approval must be obtained before the remains are embalmed or final disposition is made.

VS 150-REV. 771/68

BALTIMORE CITY HEALTH DEPARTMENT		777	04	10-
CEDTIEICATE OF DEATH	REG. NO	15	U.	153

CERTI	FICATE	OF D	EATH
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14 DOLD: 11	HDCEV	2. DATE	AND HOUR OF DEATH	C 10 0
CULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)			Vhere deceased lived. If i	nstitution: residence before admission
		C.CITY OR TOWN BALTIMORE	D. INS	YES NO
THE JOHNS HOPKINS HOSPITAL			HASE ST.	
WIDOWED	DIVORCED	8. DATE OF BIRTH 12, 4, 34	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hr. Months Days Haurs Min.
ork 108. KIND OF	BUSINESS OR INDUSTRY		loreign country)	12. CITIZEN OF WHAT COUNTE
			NAME	
		Ethel Hil	1	
orces!		17. INFORMANT	20	ADDRESS
oles of selvices	SECURITY NO.	Wotted O	Tr 307	0 P 01 01
	CAUSE OF DEATH	Harria O.	nursey 125	APPROXIMATE INTERVAL
) stating the	(C)	A CONSEQUENCE OF:		
THE TERMINAL	************************	***************		
RFORMED	HICH OPERATION	,	No. 208, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
21 B, F home elc.)		or obout 21 C. WHERE DID		re City, give exoct locotion)
White	At Not While	21F. HOW DID	NJURY OCCUR?	
al) gitended the		4	19 72 to 101	M 8 6 19 72
sed alive an	an 8th Gyop	19and	that in(my) (our) opi	nial death occurred on the day
/ '		lew the body after deat		n(c) death occurred on the dat
/ '	(We) (did) (did not) vi	lew the body after deat		238, DATE SIGNED
ated abave (1)	(We) (did) (did not) vI MD Atter Phys APPF MD. DEGREE	iew the body after deat Iding Med. Director 3D. ADDRESS	h.	
ated abave (1)	(We) (did) (did not) vi	iew the body after deat Med. Director	Stoff Phys.	238, DATE SIGNED
ated abave (1)	(We) (did) (did not) vi	lew the body after deat adding Med. Director 3D. ADDRESS MAXORY 24D	Shoff Phys. D	238. DATE SIGNED 238. DATE SIGNED (State)
	PITAL OR INSTITUCATION) PK INS H NS H	PITAL OR INSTITUTION, GIVE STREET CATION) PK INS HOSPTTAL 7. MARRIED NEVER MARRIED WIDOWED DIVORCED OR 100 KIND OF BUSINESS OR INDUSTRY 100 KIND OF BUSINESS OR INDUSTRY CAUSE OF DEATE C	WHERE PRONOUNCED DEAD A. STATE B. CO M'ARYLAND C. CITY OR TOWN BALT I MORE E. STREET AND NUMBER 1230 E. C 7. MARRIED NEVER MARRIED WIDOWED DIVORCED 12, 4, 34 ORK 108, KIND OF BUSINESS OR INDUSTRY WIDOWED SECURITY NO. CAUSE OF DEATH DIRECTLY H of dying, e.g., as the disease, and death.) ES CAUSE OF DEATH DIRECTLY H OF BUSINESS OR INDUSTRY H OF BUSINESS OR INDUSTRY (A) MMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF: CONTRIBUTING THE TERMINAL ART 1 (A). NOTION FOR WHICH OPERATION CREFORMED 218, PLACE OF INJURY Ic.g., in or obout 21 C. WHERE DID home, form, foctory, sheet, office bidg., INJURY OCCURED While At Work While At More NO 216, HOW DID IN While At More No 217, HOW DID IN A. STATE B. C. C M'ARYLAND C. CITY OR TOWN BALT I MORE E. STREET AND NUMBER 1230 E. C M'ARYLAND C. CITY OR TOWN BALT I MORE E. STREET AND NUMBER 1230 E. C M'ARYLAND C. CITY OR TOWN BALT I MORE E. STREET AND NUMBER 1230 E. C M'ARYLAND C. CITY OR TOWN BALT I MORE E. STREET AND NUMBER 1230 E. C M'ARYLAND C. CITY OR TOWN BALT I MORE E. STREET AND NUMBER 1230 E. C M'ARYLAND C. CITY OR TOWN BALT I MORE E. STREET AND NUMBER 1230 E. C M'A THE STATE B. C. C M'ARYLAND C. CITY OR TOWN BALT I MORE E. STREET AND NUMBER 1230 E. C M'A THE STATE B. C. C M'ARYLAND C. CITY OR TOWN BALT I MORE E. STREET A. DATE TO STREET C. CITY OR TOWN BALT I MORE E. STREET A. DATE B. C. CITY M'ARYLAND C. CITY OR TOWN BALT I MORE E. STREET A. DATE B. C. C M'ARYLAND C. CITY OR TOWN BALT I MORE E. STREET A. DATE B. C. CITY M'ARYLAND C. CITY OR TOWN BALT I MORE E. STREET A. DATE B. C. CITY M'ARYLAND C. CITY OR TOWN BALT I MORE E. STREET A. DATE B. C. CITY M'ARYLAND C. CITY OR TOWN BALT I MORE E. STREET 1200 E. C M'A TYLAND C. CITY OR TOWN BALT I MORE E. STREET 1200 E. C M'A TYLAND C. CITY OR TOWN BALT I MORE E. STREET 1200 F. C M'A TYLAND C. CITY OR TOWN BALT I MORE E. STREET 1200 F. C M'A STATE B. C. CO M'A TYLAND C. CITY OR TOWN BALT I MORE E. STREET 1200 F. C M'A STATE B. C. CO M'A STATE B.	WHERE PRONOUNCED DEAD A. STATE R. COUNTY R. COU

T. J.T. D.T.

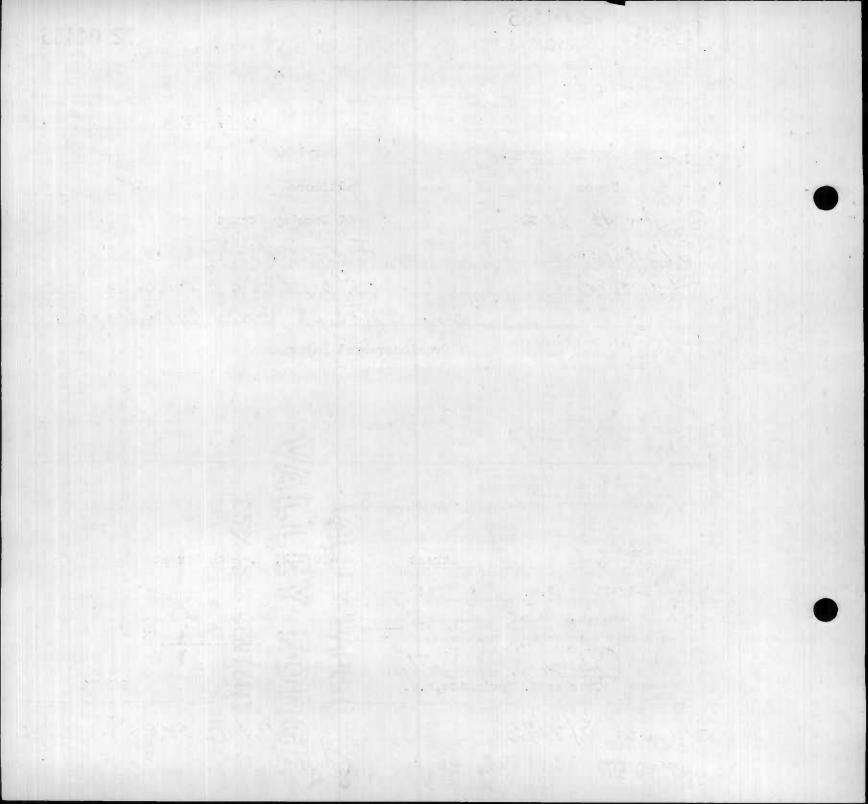
Mill	λ		ALTH DEPARTMENT			191)	04464
111-400	MEI	DICAL EXAMINER'S	CERTIFICATE	OF DEA	TH REG. NO.	12	04404
1. NAME OF DEC	CEASED Albert H. M	411 or	2. DATE Known OF DEATH Estimote		Day 6	Year 72	Haur
4. PLACE IN BAL		WHERE PRONOUNCED DEAD	3. DATE	Month	Doy	Year	Hour
FULL NAME OF HOSPITAL	(IF NOT IN HOSPIT ADDRESS OR LOC	TAL OR INSTITUTION, GIVE STREET	PRONOUNCED DE	^{AD} 5	6	72	12:30 g
OR INSTITUTION	1523 S. Cat	on Avenue	5. USUAL RESIDENCE A. STATE Md e	(Where deceosed	lived. If institutio B. COUNTY	n: residence b	efore odmission)
6. SEX	7. RACE	8. MARRIED NEVER MARRIED	C. CITY OR TOWN	W FI LA	D. INSIDE C	ITY LIMITS?	
male	White	WIDOWED DIVORCED	Balto.		Y	ES 🔼	10 🗆
9. DATE OF BIRT	last birthd			BER		•	
1/8/188	8 (State or foreign country)	8	1523 S.	Caton A	venue		
Baltimo	ore, Md.	WHAT COUNTRY? TO S A 14B. KIND OF BUSINESS OR INDUSTR	Johann Chr	istoph	Muller		
done during most of v	working life, even if retired Cabinet Me		Amella A		(Ameil	a Albe	ert)
16. WAS DECEAS	ED EVER IN U.S. ARME	D FORCES? 17. SOCIAL	18. INFORMANT FT		*	DDRESS	
?	(If yes, give war or date:	219-03-756	2 David L.N	Maulsby,	1402 P	ark Av	e.Balto
19. 4/2	6.4	CAUSE OF DEA	ATH .				ROXIMATE INTERVAL
DISEASES (RISE TO THI UNDERLYIN	mplication which caused do NTECEDENT CAUSES OR CONDITIONS, IF AN E ABOVE CAUSE (A) STA NG CONDITION LAST.	IY, GIVING (B)	AS A CONSEQUENCE OF	:			
O TO THE DE	11 VIFICANT CONDITIONS (ATH BUT NOT RELATED TO R CONDITION GIVEN IN	O THE TERMINAL					
20 A. DATE OF		NDITION FOR WHICH OPERATION W	AS PERFORMED			21. AUTOI	PSY? (Yes ar Na)
00							no
UNDERLYING	NAL CAUSE WAS OF OR CONTRIB- AUSE OF DEATH.	22B. PLACE OF INJURY (e.g. hame, farm, factory, street, affi			nore City, give ex	oct locotion)	1 3 3
22D. TIME OF INJURY (APPROX.)		WHILE AT NO	T WHILE WORK	OID INJURY OC	CUR?		
23. 1 cert	tify that I held an	Inquiry Inspection XX A	utapsy and tha	t an this basis	s, death in my	apinian	THE STATE
resul	ted fram: Natural ca	uses XX Accident Suici	de Homicide C	Undetern	mined manner		
ACTUAL SIGNAT		y windle		DICAL EXAMINER			5/7/72
EXAMIN NAME (1	IER'S Peter Li	pkovic, M.D.	ASSOCIATE MED	ICAL EXAMINER			
24A. BURIAL CREI	ify)	24C. NAME of CEMETERY	or CREMATORY k Cemetery	24D. LOCATIO	N (City, tow	n, or county)	(State)
Burlai	5/11/		25C. FUNERAL	1		ADDRESS	21.00
MAY 1	0 1972 Page	258. NAME OF REGISTRAR					2120

VS 151 REV. 1/1/68

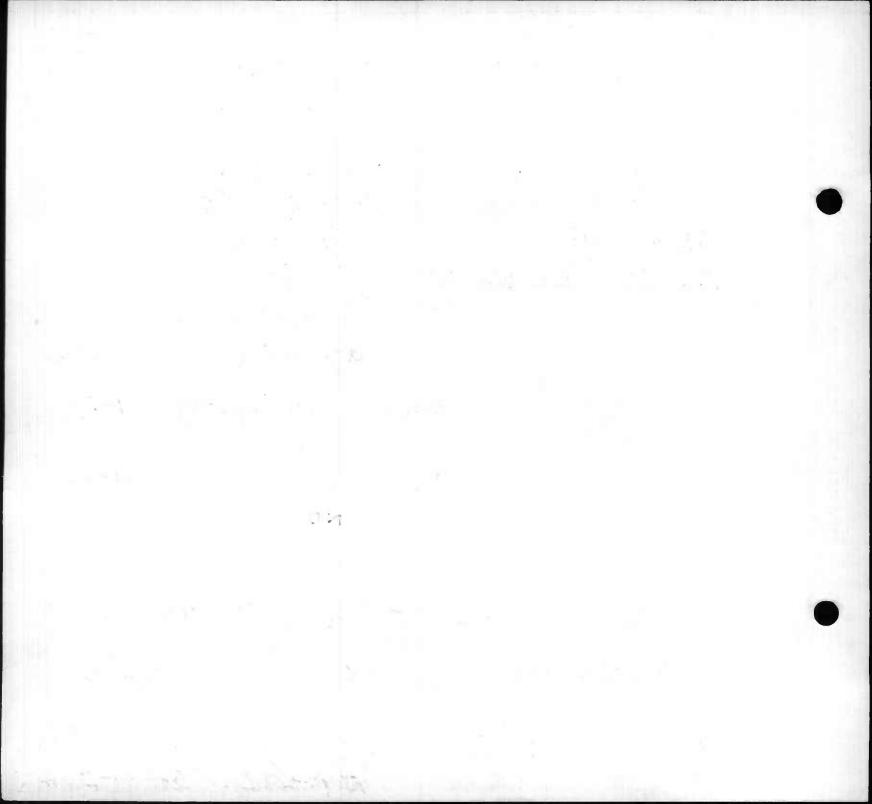
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72	04	14	OF

Jours	MED	ICAL EXA	AMINER'S	CERTIFIC	CATE OF	DEAT	H REG. NO		OTT	טנ
BIRTH NO.							KEO. 140	·		
(Type or Print)				2. DATE OF	Known 🗷	Month	Doy	Year	Hour	
	ADAM JONES			DEATH 3. DATE	Estimoted 🗌	14 41	Davi	Year	Hour	M.
FULL NAME OF				III	INCED DEAD ,	Month	Doy	Tear		7
HOSPITAL OR INSTITUTION	ADDRESS OR LOCA	TION)	, OTTE STREET		ESIDENCE (When				3:55	
UNIC	ON MEMORIAL H	OSPITAL		A. STATE	laryland		B. COUNTY	1	20	4
6. SEX	7. RACE	B. MARRIED	NEVER MARRIED	C. CITY OR	TOWN		D. INSIDE	CITY LIMITS?		
Male	Negro	WIDOWED [DIVORCED	Balt	imore			YES	NO 🗌	
9. DATE OF BIRT	H 10. AGE (I		r I Yr. If Under 24 Hrs. Days , Hours , Min.		ND NUMBER					
Sept	-17=12 60			402	Worsley :	Street				
11. BIRTHPLACE	State or foreign country)		ZEN OF AT COUNTRY?	13. FATHER	SNAME	. ~	_			51 24
1111	acrea			OR	ward	X	mes	1)		
done during most of	IPATION (Give kind of work working life, even if retired)	14B. KIND OF BU	SINESS OR INDUSTR	Y 15 MOTHE	S MAIDEN NA	WE O	_	1,	2	
Fa	Do sold			06	magr	ca 1	en.	Kens	ע	
	ED EVER IN U.S. ARMEL		SOCIAL SECURITY NO.	18 INFORM	MANT	, 0		ADDRESS		77 = 2
	1		16-10-147	1105	eph 10	nes	261	8 als	que	1450
19. F 9	88 X		CAUSE OF DEA		,				PROXIMATE H	
DISEAS	E OR CONDITION DIRE	CTLY	Cranioce	erebral	Injuries					
(This days	LEADING TO DEATH	.1	(A)IMMEDIATE							
heart lailure	not mean the mode of dy e, asthenia, etc. It means the mplication which caused de	e disease,	DUE TO, OR	AS A CONSEQ	UENCE OF:					
	WEGER EN CAUSES									
	NTECEDENT CAUSES OR CONDITIONS, IF AN'	Y, GIVING	(B)	AS A CONSE	QUENCE OF:					
I I UNDERLYII	OR CONDITIONS, IF AN' E ABOVE CAUSE (A) STA NG CONDITION LAST.	TING THE								
20			(C)							
O TO THE DE	VIFICANT CONDITIONS C ATH BUT NOT RELATED TO	THE TERMINAL								
20A. DATE O	F OPERATION 20B. CO		HICH OPERATION W	AS PERFORM	ED			21. AUTO	PSY? (Yes	or No)
8 2									yes	
ZZA. EXTER	NAL CAUSE WAS	22B. PL /	ACE OF INJURY(e.g.	, in or obout 2	2C. WHERE DID	(If in Boltimor	re City, give e	exact location)		
UNDERLYING	G図OR CONTRIB-	home, fo	orm, foctory, street, offi Street	ce bldg., etc.) II	NJURY OCCUR?	E. 20th	Stree	t		
≥ 22D. TIME		r) (Hour) 22E.	INJURY OCCURRED		2F. HOW DID IN					
OF INJURY (APPROX.)	4-16-72 P	.M. whi	LEAT 7 ?? NO	T WHILE 2						
23.		III. WO					1 50			
1 cer	tify that I held an I	nquiry 🔲 📗	nspection A	utapsy X	and that on	this basis,	deoth in m	y opinion		
resul	ted from: Notural cau	ses Acc	ident Suici	de Ho	omicide 🔲	Undetermin	ned monne	r 🔀		
ACTUAL	11	1) 1	, -		CHIEF MEDICAL	EXAMINER			DATE SIG	NED
SIGNAT	11 11 11 11 11 11 11 11 11 11 11 11 11	, U. O	sugal em.	D. ASSI	STANT MEDICAL	EXAMINER	Lxi			
EXAMIN NAME (01101, 200	S. Sprin	gate, M.D.	ASSC	CIATE MEDICAL	EXAMINER		5/3	3/72	
24A. BURIAL CRE	MATION, 24B. DATE) 24C.	NAME of CEMETERY	ar CREMATO	PRY 24D	LOCATION	(City, to	wn, or county) (Ste	ote)
Shin	red 0/7	170			11	1/hits	00	K Gr	OVE	2/a.
25A. DATE REOD	BY HEALTH DEFT.	25B. NAME O		25C.	UNERAL DIREC	TOR		ADDRESS	-5	
MAY 1	0 1972 Pale	BE Fally	" NO CO	0	ryner	Sans	leas	2176	Tre	stone
VS 151-REV. 1/1/6	В /	V 854	0	0	. 0	9				



R152 72 04466 BALTIMORE CITY	Y HEALTH DEPARTMENT)^O
BIRTH NO.	TE OF DEATH REG. NO	12 04166
1. NAME OF DECEASED (Type or Print) Thompson, Emma Policison)	2. Date and Hour of Death 5/4/72	11:30 P.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institu	tion: residence belore admission
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION	c. CITY OR TOWN D. INSIDE	Land 807
4-5	\	s A NO
Good Samaritan Hospital	E. STREET AND NUMBER	
5. SEX 6. RACE 7. MARRIED NEVER MARRIED	1 1410 N. Bond St. 8- DATE OF BIRTH AGE (In veors	Hadaa X Van 19 Hadaa Aan
Female Black WIDOWED DIVORCED	3-9-10 lost birthfray	Under 1 Yr. II Under 24 Hrs. onths: Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or (areign country)	CITIZEN OF WHAT COUNTRY
House Wife	Virginia	
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Lover mompson	Marsha .	
57Wos Decessed Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give wor or doles of service) 214-20-1641	Tames Polyina	ADDRESS
18.2 5-0.9 N / 62 / CAUSE OF DEATH	H)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR/CONDITION DIRECTLY LEADING TO DEATH	drotemia	1+1-1-1-10-
(This does no) meon the mode at dying, e.g., heal follower, osthenia, etc. It means the disease,	A CONSEQUENCE OF:	11/1/2
injury or complication which coused death.)	1 10	
ANTECEDENT CAUSES (B) Dialy	etic neptropathy	1957
DISEASES OR CONDITIONS, if ony, giving DUE TO, OR AS rise to the above couse (A) stoling the	A CONSEQUENCE OF:	
UNDERLYING CONDITION last. (c)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). 19A. DATE OF OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 1	er of the lung	1964
1994. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes of No.) 20B. IP YES, WERE FIND	INGS CONSIDERED OF DEATH?
	n or obout 21 C, WHERE DID (II In Boltimore City line bidg., INJURY OCCUR?	y, give exact location)
OR CONTRIBUTING CAUSE OF home, (arm, foctory, street, off DEATH (nofily medical examiner) 21D.TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED While At Not While	21F. HOW DID INJURY OCCUR?	
22. 1 certify that (1) (this hospital) attended the deceased fram.	17/ 20/	-74
that (1) (we) last saw the deceased olive on 5/4	1972 ta 5/4/ 1972 ond that In(my) (our) opinian	death occurred an the date
and hour and from the causes stated above. (1) (We) (dld) (dld nat) vi		NAME OF TAXABLE PARTY.
I.A DALL Mh. AHer	nding Med. Staff	DATE SIGNED
DEGREE Phys.	Director Phys. L	14/12
24A. BURIAL CREMATION, 24B. DATE 124C. NAME of CEMETERY OF CREE		
REMOVAL (Specify)	MATORY 24D. LOCATION (City, to	wn, or county) (State)
25A. DATE REC'D BY HEALTH DEPT. / 25B. NAME OF REGISTRAR	25C. EUNERAL DIRECTOR	ADDRESA
MAY 10 1972 (2 0 3 07 2 0 0	Rad mas and det	5217 Elneste
S 150-DEV 17770		



BALTIMORE HEBREW

258. NAME OF REGISTRAR

BALTIMORE, MARYLAND

SOL LEVINSON & BROS., 6010 REISTERSTOWN ROAD

ADDRESS

25C. FUNERAL DIRECTOR

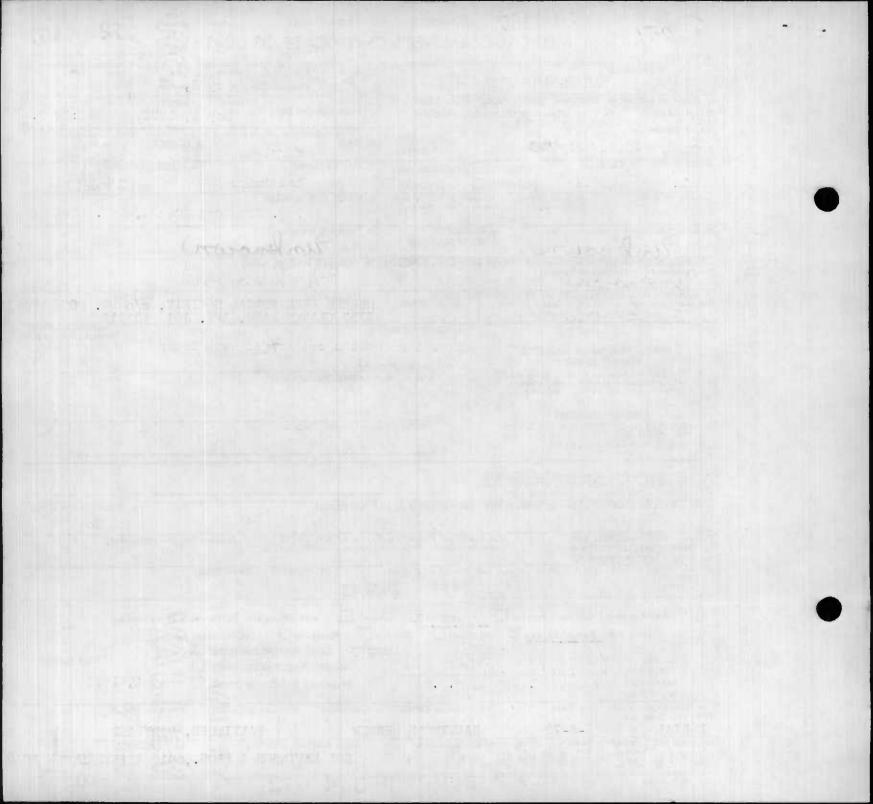
VS 151-REV. 1/1/68

25A. DATE REC'D BY HEALTH DEPT.

5-8-72

Tes Seas

BURTAL



DRTANT	ssistant if death occurred in a hospital and f the direct or contributing cause of death: y kind; (4) Undetermined cause; (5) Deceased	d death was in regular attendance on the ance on the deceased prior to death. Such "rfinal disposition is made.
P	o, i	and d o
Ξ	Als	atte
FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	N1-460	72	14/315/6	Y HEALTH DEPARTMENT	/~ 01130
В	RTH NO.		CERTIFICA	ATE OF DEATH	
	ype or Print)	Ida	Miller	2. DATE AND YOUR OF DEA	9:20 P. M.
3	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where decorated lived. If institution: residence before admission and the state of th			If institution: residence before admission)	
F	ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)		Md BAL	TO 5300	
II.			C. CITY OR TOWN	INSIDE CITY LIMITS?	
			E. STREET AND NUMBER	TES NOTES	
1			XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		
5.	SEX 6. RACE WHITE 7. MARRIED NEVER MARRIED DIVORCED		8. DAJE OF BIRTH 9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.	
		ON (Give kind af work 10E		Y 11. BIRTHPLA CE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
do	ne during most of working life, even if retired) HOUSEWIFE AT HOME			RUSSIA	USA
13	FATHER'S NAME		112 1101:112	14. MOTHER'S MAIDEN NAME	
	MANUEL	MANUEL SANDLER		RUTH ?	
1.5 (Y	. Wos Deceased Ever in U. S. Armed Forces? es, no or unknown) (Iff yes, give wor or dates af service) SECURITY NO.		17. INFORMANT	ADDRESS	
	NO			MRS. RUTH ROSEN, 4500 MA	RYKNOLL RD. #21208
	18. 432	91	CAUSE OF DEA	тн	APPROXIMATE INTERVAL SETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH A foriginal b. of to.				
	(A) IMMEDIATE CAUSE 7 CONTROL				
	heard failure, asthenia, etc. Il means the disease, injury ar camplication which coused death.)				
	ANTECEDENT CAUSES				
	DISEASES OR C	CONDITIONS, if any	, giving (B)	S A CONSEQUENCE OF:	
	rise to the at	oave cause (A) st ONDITION last.	aling the (C)		
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 199A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION		20A. AUTOPSY? (Yes or No.) 20B. IF YES, W	THE SINDINGS CONSIDERED	
	199. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED		20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?		
113	<u> </u>			IN CERTIFYING	CAUSES OF DEATH?
	OR CONTRIBUTION		21B, PLACE OF INJURY (e.g.	000	timore City, give exoct lacation)
	OR CONTRIBUTIONS DEATH (notify med) O 21 D. TIME (Mo	G CAUSE OF	21B. PLACE OF INJURY (e.g.	in or obout 21 C. WHERE DID (If in Bol	CAUSES OF DEATH?
	OR CONTRIBUTION	G CAUSE OF	21B. PLACE OF INJURY (e.g. hame, form, factory, street, etc.)	in or obout 21 C. WHERE DID affice bldg., INJURY OCCUR?	CAUSES OF DEATH?
	O ZIA. ACCIDENT WORK OR CONTRIBUTING DEATH (notify med) 21 D. TIME (Moo of INJURY (APPROX.)	G CAUSE OF ical examiner (I)	21B. PLACE OF INJURY (e.g., home, form, factory, street, etc.) Hour 21E. INJURY OCCURRED While At At Work	in or obout 21 C. WHERE DID affice bldg., INJURY OCCUR?	CAUSES OF DEATH?
	OR CONTRIBUTION OR CONTRIBUTION DEATH (notify med) 21 D. TIME OF INJURY (APPROX.) 22. I certify that	G CAUSE OF	21B. PLACE OF INJURY (e.g. home, form, factory, street, etc.) Hour 21E. INJURY OCCURRED While A1 Not Will A1 Work ottended the deceased from	in or obout 21 C. WHERE DID (If in Bol office bldg., INJURY OCCUR?	CAUSES OF DEATH?
	OR CONTRIBUTING DEATH (notify med) OF INJURY (APPROX.) 22. I certify that that #(we) last	G CAUSE OF ical examiner (I) (Inith) (Day) (Year) (I) (This haspitol) of saw the deceased (I)	218 PLACE OF INJURY (e.g. hame, form, factory, street, etc.) Hour 21E. INJURY OCCURRED While At Not Will Not Work Ottended the deceased from alive an	affice bldg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 19 21 and that In (aur)	timore City, give exoct lacation)
	OR CONTRIBUTING DEATH (notify med) OF INJURY (APPROX.) 22. I certify that that #(we) last	G CAUSE OF ical examiner (I) (Inith) (Day) (Year) (I) (This haspitol) of saw the deceased (I)	218 PLACE OF INJURY (e.g. hame, form, factory, street, etc.) Hour 21E. INJURY OCCURRED While A1 Not Will Work Ottended the deceased from alive an Well (We) (did)	in or obout 21 C. WHERE DID (If in Bol affice bldg., INJURY OCCUR? 21 F. HOW DID INJURY OCCUR? 19 2 to	timore City, give exoct lacation)
	OR CONTRIBUTION OR CONTRIBUTION DEATH (notify med) 21 D. TIME OF INJURY (APPROX.) 22. I certify that that (we) last ond haur and fra	G CAUSE OF ical examiner (I) (Inith) (Day) (Year) (I) (This haspitol) of saw the deceased (I)	218. PLACE OF INJURY (e.g. hame, form, factory, street, etc.) Houth 21E. INJURY OCCURRED While At Not Will At Work Attended the deceased from alive an Cobove (We) (did)	affice bldg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 19 21 and that In (aur)	timore City, give exoct lacation) apinian deoth occurred an the date
	OR CONTRIBUTION OR CONTRIBUTION DEATH (notify med) 21 D. TIME OF INJURY (APPROX.) 22. I certify that that (we) last ond haur and fra	G CAUSE OF ical examiner (I) (Inith) (Day) (Year) (I) (This haspitol) of saw the deceased (I)	218 PLACE OF INJURY (e.g. hame, form, factory, street, etc.) Hour 21E. INJURY OCCURRED While At Not Will Not Work Ottended the deceased from alive an obove. (We) (did)	in or obout 21 C. WHERE DID (If in Bol affice bldg., INJURY OCCUR? 21 F. HOW DID INJURY OCCUR? 19 2 to	timore City, give exoct lacation) apinian deoth occurred an the date
	OR CONTRIBUTING DEATH (notify med) OF INJURY (APPROX.) 22. I certify that that (we) last ond haur and fra 23A. SIGNATURE	CAUSE OF ical examined (I) (I) (Pay) (Year) (I) (I) (Pay) (I) (I)	218. PLACE OF INJURY (e.g. hame, form, factory, street, etc.) Hour 21E. INJURY OCCURRED While At Not Will Not Work Ottended the deceased from alive an Obove (We) (did)	in or obout 21 C. WHERE DID affice bldg., INJURY OCCUR? 21 F. HOW DID INJURY OCCUR? 19 2 to	timore City, give exoct lacation) 19 2 apinian deoth occurred an the date
	OR CONTRIBUTING DEATH (notify med) OF INJURY (APPROX.) 22. I certify that that (we) last ond haur and fra 23A. SIGNATURE	CAUSE OF ical examiner (inth) (Day) (Year) (I) (inth) (Day) (Year) (I	218. PLACE OF INJURY (e.g. hame, form, factory, street, etc.) Houth 21E. INJURY OCCURRED While At Not Will At Work At the deceased from alive an Cobove (We) (did)	in or obout 21 C. WHERE DID affice bldg., INJURY OCCUR? 21 F. HOW DID INJURY OCCUR? 19 2 to	timore City, give exoct lacation) apinian deoth occurred an the date
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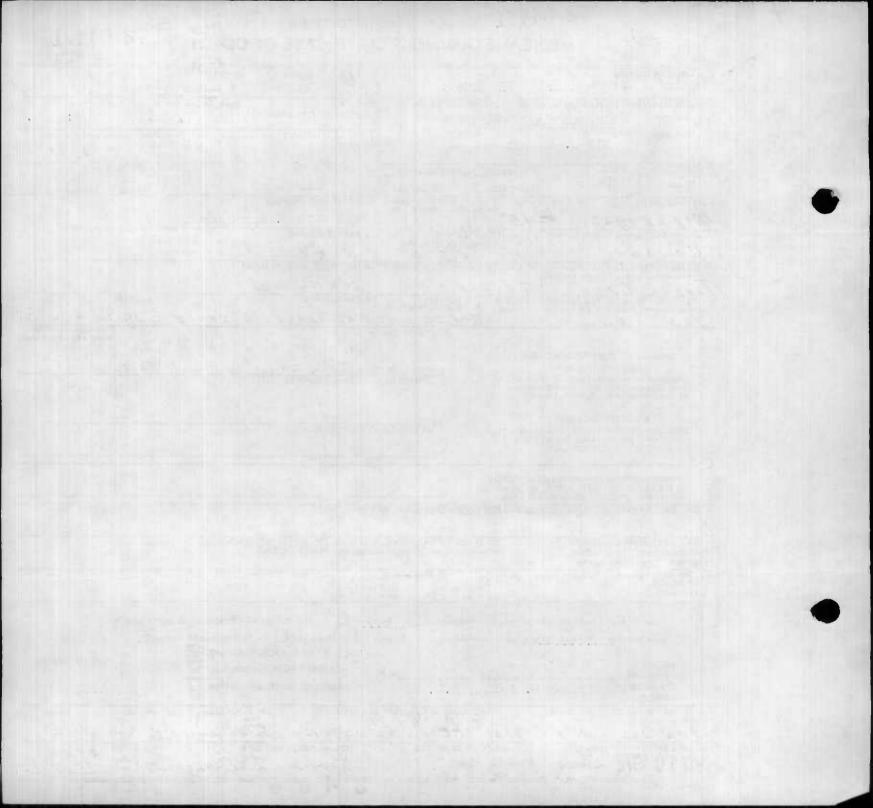
DIRECTOR:

FUNERAL

Company Company the second secon

12 04470 BAL	TIMORE CITY HEALTH DEPARTMENT 72.044.70
11 3 +4 2 7 7	RTIFICATE OF DEATH REG. NO. 1012
1. NAME OF DECEASED 1 (1)	2. DATE AND HOUR OF DEATH
3. PLACE IN BALYIMORE, MARYLAND, WHERE FRONOUNCED DEA	AD 4. USUAL RESIDENCE (Where deceased lived, II institution: residence beloro admission
	A. STATE MARYLAND OF THE STATE
HOSPITAL OR INSTITUTION, GIVEN ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?
SINAL HOST HAL	E. STREET AND NUMBER
42 BALTO. MV., 21	215 3404 PARKSWID D. \$14
MATE WILLER	MARRIED 8. DAYE OF BIRTH 9. AGE (In yeers lost birthdey) 1 If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS	
AAAAAAA	ETAIL CANADA USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
XXXXXX ISAAC KERT 15. Wos Deceased Ever in U. S. Armed Forces? 16. SOCIAL	XXXXXX ROSE ?
(It es, no or unknown) (It yes, give wer or doles of service) SECURI	MRS. LEE KERT, 3404 PARKSTOE DRIVE
NO 160-09	1212
DISEASE OR CONDITION DIRECTLY	SE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	MMEDIATE CAUSE THE TO, OR AS A CONSEQUENCE OF:
hearl failuse, osthenia, etc. Il means the disease, injury or complication which coused deoth.)	COOD AC ADAMINA ADA
ANTECEDENT CAUSES	CARVINE ARKENAMA, ASPICE
rise to the obove cause (A) stating the	CMCO10 - RUMWNARY APREST
II	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 1994 DATE OF OPERATION 1998. CONDITION FOR WHICH OPER WAS PERFORMED 214. ACCIDENT WAS UNDERLYING 1218. PLACE OF	CAF
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPER WAS PERFORMED	RATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	INJURY (e.g., in or about 21 C. WHERE DID (II In Beltimore City, give exect lecetion)
OR CONTRIBUTING CAUSE OF home, form, fect of DEATH (notify medical examiner)	clory, street affice bldg., INJURY OCCUR?
OF INJURY (Month) (Doy) (Yeor) IHour) 21E INJURY OF	
Work	Not While At Work 2
22. I certify that (I) (this hospital) attended the desense	
that (i) (we) lost saw the deceased olive on	and that in (my) (our) apinion death occurred on the date
and hour and from the causes stated above. (1) (We) (did)	
(SARTY) M	P, Attending Med. Staff Staff Staff
23C. PHYSICIAN'S NAME (Type)	DEGREE Phys. Director Phys. D. SUND AUSPUNDL
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEM	DEGREE AETERY OF CREMATORY 24D. LOCATION (City, town, or county) ISlote)
BURIAL 5-8-72 BALTIMORE	
25A. DATE REC'D BY HEALTH DEPY. 25B. NAME OF REGISTRAL	R 25C, FUNERAL DIRECTOR ADDRESS
MAY 1 0 1972 GG 2 4 10 10 10 10 10 10 10 10 10 10 10 10 10	SOL LEVINSON & BROS., 6010 REISTERSTOWN ROAD

e or Print)	RALPH	DAVII) VANCE	DEATH Estimoted May 2, 1972	2 M.
LACE IN BALT	TIMORE, MARYLAND, W	HERE PRO	NOUNCED DEAD	3. DATE Month Doy	Yeor Hour
L NAME OF		L OR INSTIT	UTION, GIVE STREET	PRONOUNCED DEAD May 2, 1972	M.
NOITUTITZNI	529 S. An	n Stre	et	5. USUAL RESIDENCE (Where deceased lived. If Institution: A. STATE Maryland	203
SEX	7. RACE	B. MAPPIE	D NEVER MARRIED	C. CITY OR TOWN D. INSIDE CIT	Y LIMITS?
Male	White	WIDOWE		Baltimore yes	s 🖾 NO 🗆
ATE OF BIRTH	1 10.AGE (In	yeors I	f Under 1 Yr. If Under 24 Hrs.	16,	
79428	lost birthday		donths Doys Hours Min.	529 S. Ann Street	
BIRTHPLACE (S	tote or toreign country)	12	2. CITIZEN OF	13. FATHER'S NAME	
CANAL	DA		WHAT COUNTRY?	West NOW N	
USUAL OCCUP	PATION (Give kind of work) orking life, even if refired)	4B. KIND	OF BUSINESS OR INDUSTRY	15. MOTHER'S MAIDEN NAME	
eduring most of w	OWNER	TAV	IERN	UNKNOWN	
WAS DECEASE	ED EVER IN U.S. ARMED	FORCES?	17. SOCIAL	18. INFORMANT AD	DDRESS
, no or unknown)	(Il yes, give wor or dotes a	or service)	214-20-0190	MRS. JEANETTE VANCE 50	29 So, ANN ST.
19.	.		CAUSE OF DEAT		APPROXIMATE INTERVAL
0//	OFCOMP	PPI W			DELTALLY CHACT AIRC DEATH
	E OR CONDITION DIRECT	TILY		CAUSE Fatty metamorphosis of liv	7er
(This does no	of mean the mode of dyl	ing, e.g.,	(A) IMMEDIATE C	CAUSE FACLY INCLAMOTPHOSES OF TEV	
heart foilure,	asthenio, etc. It means the aplication which coused dea	disease,	DUE TO, UK		
	NTECEDENT CAUSES		(B)	AS A CONSEQUENCE OF	
RISE TO THE	OR CONDITIONS, IF ANY	GIVING	DUE TO, OR	AS A CONSEQUENCE OF:	
UNDERLYIN	G CONDITION LAST.		(c)		
	11		V		
TO THE DEA	IIFICANT CONDITIONS CO ATH BUT NOT RELATED TO CONDITION GIVEN IN PA	THE TERMIN	NG IAL		
			OR WHICH OPERATION WA	AS PERFORMED	21. AUTOPSY? (Yes or No)
21				Figure 1 and	Yes
22A. EXTERI	NAL CAUSE WAS	12:	B. PLACE OF INITIRY	In or obout 22C. WHERE DID (II in Baltimore City, give exact	
UNDERLYING UTING	OR CONTRIB- USE OF DEATH.	h	ome, farm, loctory, street, offic	bldg., etc.) INJURY OCCUR?	
22D. TIME (r) (Hour)		22F. HOW DID INJURY OCCUR?	
(APPROX.)				WHILE WORK	
23.					
l cert	ify that I held on I	nquiry 🗌		and that on this basis, death in my	opinion
result	ted from: Notural cau	ses X	Accident Suicid	de Homicide Undetermined manner	
	111000	1.		Deputy CHIEF MEDICAL EXAMINER	DATE CLOSUED
ACTUAL		Me	Vh-	ASSISTANT MEDICAL EXAMINER	DATE SIGNED
SIGNATI	ER'S LIONNON	II Co	M.D	D	y 2, 1972
NAME (T	ype) Meruer	o. 2b:	it, M.b.	Ma)	2, 1972
A. BURIAL CREA	MATION, 248, DATE		24C. NAME of CEMETERY	or CREMATORY 24D. LOCATION (City, town,	, or county) (State)
MOVAL (Speci	fy)	197.	OAKLAWN C		a m.
DURIA	BY HEALTH DEPT.		ME OF REGISTRAR		
AY 10 1	972 Policy &			TAYMEND L. KACZOROWS	T. FLEET ST.
151-REV. 3/1/68	B	5-7	1000	3 4 6 6	1



						DEAT	rLI	16	04472
0.000	MED	ICAL	EXAMINER'S	CERTIFIC	CATE OF	DEA	TI DEC NO		
BIRTH NO.							KEG. NO		
1. NAME OF DECEASED	Beamer	4		2. DATE OF	Known	Manth	Day	Yeor	Hour
4. PLACE IN BALTIMORI		MOUNCED DEAD	DEATH 3. DATE	Estimoted	5	6	72	1	
FULL NAME OF (IF NOT IN HOSPITA	LORINSTIT	UTION, GIVE STREET	11	NCED DEAD	Month 5	Doy 6	Yeor 72	2:45 a
HOSPITAL A	ADDRESS OR LOCAT		5 LICITAL DE	CIDENICE (VAIL					
Mar	ryland Ger	Hospita1	A. STATE	SIDENCE (Where	decedsed	B. COUNTY	n: residence i	petore odmissio	
6. SEX 7. RA					IAWAI		D. INSIDE C	COTINII VITE	05
	hite	1 42 7	D NEVER MARRIED	C. CITY OR 1					
9. DATE OF BIRTH	io. AGE (In	WIDOWE	D DIVORCED L				1	ES 🖳	ио 📙
10-15-194	lost birthdoy	() N	Aonths Days Hours Min.						
1. BIRTHPLACE (Stole or	loceion country)		2. CITIZEN OF	13. FATHER'S	1641 Flee	t Str	eet		
MARYLAND		l'	WHAT COUNTRY?	13. PATHER 3	NAME	_	, ,		
/		AR KIND C	OF BUSINESS OR INDUSTR	HAROTHER	S MAIDEN NA	WE	EDLE		
lone during most of working I	lile, even il reiired)		D. DODITIESS OR HADOSIK	do do	/ / /	2		1.	
6. WAS DECEASED EVE		FORCESS	17. SOCIAL	18. INFORM	ANIT D. L	OMI	BROWS	DDDEEC	
Yes, no or unknown) (If yes,	give wor or dotes of	ol service)	SECURITY NO.	INFORM	MINI			DDRESS	- 0-
19.			CAUSE OF THE	MRS. M	ARY SE	551	164	1-LE	6/ 1/
1304	I		CAUSE OF DEA	ın					PROXIMATE INTER
	DENT CAUSES				ENCE OF:				
DISEASES OR CON RISE TO THE ABOV UNDERLYING CO	DENT CAUSES NDITIONS, IF ANY, E CAUSE (A) STATI NDITION LAST. II T CONDITIONS CO	GIVING	(B) DUE TO, OR (C)			P24894			
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HRS

CAL	EXAMINER'S	CERTIFICATE	OF	DEATH	REG. NO.	0447	13
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1	72 04473	
	BALTIMORE CITY HEALTH DEPARTMENT	04420
1152	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	04473
2.12	1. NAME OF DECEASED (Type or Print) 2. DATE Known Day OF	Year Hour
	James Stevenson JZCZEPANIAR DEATH Estimoted 1 3 4	72 _{м.}
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET PRONOUNCED DEAD MONTH	72 2:55 p.
	HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION 5. USUAL RESIDENCE (Where deceased lived, If institution: re-	M.
	2316 Fleet Street A. STATE Md.	103
	6. SEX 7. RACE B. MARRIED NEVER MARRIED C. CITY OR TOWN D. INSIDE CITY I	IMITS?
	male White WIDOWED DIVORCED Balto. YES	□ NO □
	9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. E. STREET AND NUMBER Months; Doys; Hours; Min.	
	11. SIRTHPLACE (Stote or foreign country) 12. CITIZEN OF 13. FATHER'S NAME	
	MARYIAUD WHAT COUNTRY? COULL CONTRY?	
	14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME	
	done during most of working life, even if retired) LONG SHOREMAN MARITIME MARYANNA BANDOCHT	_
	16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)((if yes, give wor or dotes of service) 17. SOCIAL SECURITY NO.	ESS
	MRS. CECELIA OLSZEWSKI 231	6 FLEET ST.
ALCOHOL: NOT A	19. / 6 0 X 1 CAUSE OF DEATH	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY Carcinoma of esophagus	
	(A)IMMEDIATE CAUSE (This does not mean the mode of dying, e.g., (A)IMMEDIATE CAUSE DUE TO OR AS A CONSEQUENCE OF	
	(this does not mean the made of dying, e.g., heart foilure, osthenio, etc. It means the disease, Injury or complication which coused death.)	
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO, OR AS A CONSEQUENCE OF:	
	UNDERLYING CONDITION LAST.	
	O THER SIGNIFICANT CONDITIONS CONTRIBUTING OTHER DEATH BUT NOT BELATED TO THE TERMINAL	
	DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21.	
THE RESERVE OF THE PERSON OF T	20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21.	. AUTOPSY? (Yes or No)
Committee of the later of the l	22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY (e.g., In or obaut 22C. WHERE DID (if in Soltimore City, give exect to	
	228. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 228. PLACE OF INJURY (e.g., In or obout home, lorm, loctory, street, office bldg., etc.) INJURY OCCUR?	canon)
NAME OF TAXABLE	22D. TIME (Month) (Day) (Year) (Hour) 22E. INJURY OCCURRED 22F. HOW DID INJURY OCCUR?	
	(APPROX.) m. WHILE AT NOT WHILE AT WORK	
	I certify that I held an Inquiry Inspection Ex Autopsy and that an this basis, death in my opin	nlon
	resulted from: Natural gauses Accident Sulcide Hamicide Undetermined manner	
	CHIEF MEDICAL EXAMINER	
	SIGNATURE ASSISTANT MEDICAL EXAMINER XXX	DATE SIGNED
	EXAMINER'S Peter Lipkovic, M.D. ASSOCIATE MEDICAL EXAMINER	5/5/72
	24A. BURIAL CREMATION. 24B. DATE 24C NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or REMOYAL (Specify)	county) (State)
	DURIAL (Specify) 5/8/72 ST. STANISLAUS (EM. BALTIMORE	MD
de Bart Bart	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR , ADDR	ESS = 53
	MAY 10 1972 Pobert & Jacker A.D. Payments to Kacza Par	ESS . 2525
	VS 151.BEV 1/2/48	OTTI FLEET SI.

death was in regular attendance on the

(except where the physician who pronounced

at a hospital

was D.O.A.

approved by

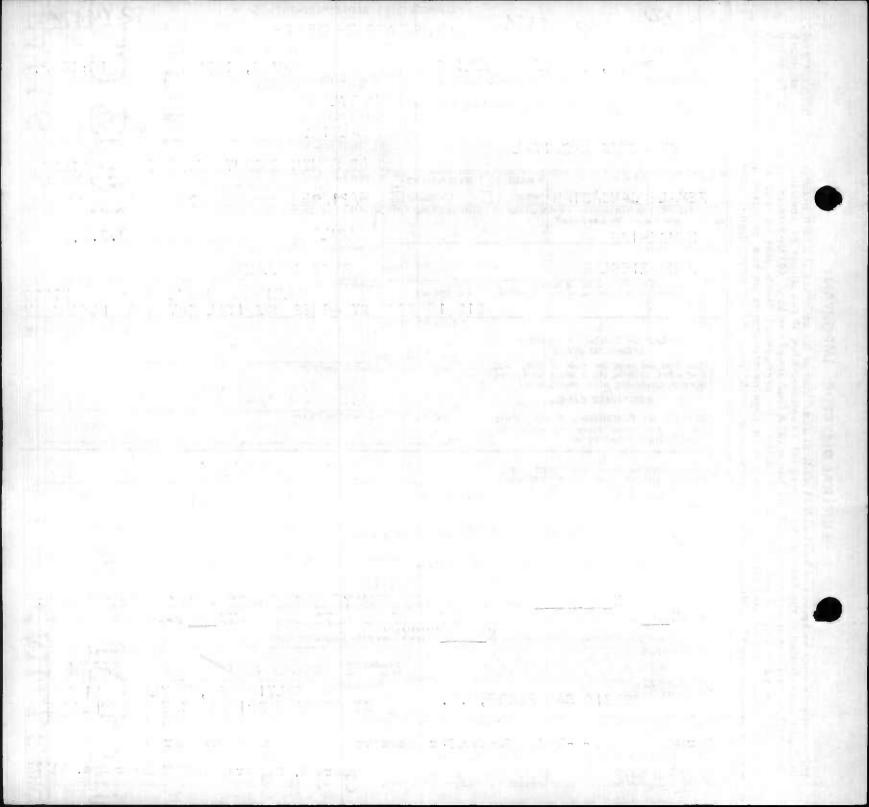
This cortificate must be

		BALTIMORE CIT	Y HEALTH DEPARTMENT	
RIE	72 04474	CERTIFICA	ATE OF DEATH	REG. NO. 72 04474
1. N/	AME OF DECEASED		2. DATE AND HO	UR OF DEATH
ЦТуре	GREEN, THERESA MA	DELINE	MAY 5.	1972 10:10 F
3. P	PLACE IN BALTIMORE, MARYLAND, WHERE PRONC	UNCED DEAD	4. USUAL RESIDENCE (Where dece	ased lived. If institution residence before admis
FUE	LL NAME OF UF NOT IN HOSPITAL OR INSTI	TUTION CIVE STREET	MARYLAND	204
HO	SPITAL OR ADDRESS OR LOCATION)	TO HOR, OVE STREET	C. CITY OR TOWN	D. INSIDE CITY LIMITS?
1	_^		BALTIMORE	YES XX NO
1	ST AGNES HOSPITAL		E. STREET AND NUMBER	
			1 40 SOUTH KOSSU	TH STREET 21229
5. SE	EX 6. RACE 7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH 9. AGI	thday If Under 1 Yr. If Under 24 Months! Doys Hours Mi
	FEMALE CAUCASIAN WIDOWED	DIVORCED X	8/31/94	77
	USUAL OCCUPATION (Give kind of work 108, KIND C	F BUSINESS OR INDUSTR		nity) 12. CITIZEN OF WHAT COU
dane	e during most of working life, even if refired)		MARY LA NO	U.S.A.
13. F	HOUSEWIFE FATHER'S NAME		14 MOTHER'S MAIDEN NAME	0.5.4.
	JOHN ZIEGLER		ROSE CALLAHA	N1
16 11		II 6. SOCIAL	17. INFORMANT	ADDRESS
(Yes,	Wes Deceased Ever in U. S. Armed Forces? t, no or unknown) (ii yes, give war or dates of service)	SECURITY NO.	BALTIMOR	E MARYLAND 212
	NO	212 18 555	T ST AGNES HOSPI	TAL CATON & WILKENS
,	18. 412 3 10-05 AS	CAUSE OF DEA	TH ,	APPROXIMATE INTERV
	ANTECEDENT CAUSES DISEASES OF CONDITIONS If can sink	(8) Arter	ioselervice Hele	rtclisease
пои	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	(c) A S (entetes Wel	lutus -
ENTIFICATION	ANTECEDENT CAUSES DISEASES OR CONDITIONS, If any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OFERATION 19B CONDITION FOR WAS PERFORMED	(c) A S (enters Well 20A-AUTOPSY? (Yes at No) 20B. NO	IF YES, WERE FINDINGS CONSIDERED CERTIFYING CAUSES OF DEATH?
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MEDICAL CERTIFICATION	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITION S CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OFERATION 19B CONDITION FOR WAS PERFORMED 21A-ACCIDENT WAS UNDERLYING 21D AND PROBLEM CONTRIBUTING CAUSE OF DEATH (notily medical examined) etc. 21D-TIME (Month) (Doy) (Year) (Hour 21D-TIME (Month) (Doy) (Year) attended that (1) (we) [ast saw the deceased alive an and hour and from the causes stated above.	WHICH OPERATION 8. FLACE OF INJURY (a.g., me, form, factory, street, and the deceased from MAY (1) (We) (did) (did now)	20A. AUTOPSYS (Yes at No.) 20E. NO In at about 21 C. WHERE DID affice bidg., INJURY OCCURT 21F. HOW DID INJURY O MAY 5 19 7 19 72 and that in (Wiew the body after death.	IF YES, WERE FINDINGS CONSIDERED CERTIFYING CAUSES OF DEATH? (if in Boltimore City, give exact location) CCUR? 2 ta MAY 5 19 7 (aur) apinian death occurred an the 5/5/72
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MEDICAL CERTIFICATION	ANTECEDENT CAUSES DISEASES OR CONDITIONS, If any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITION SCONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OFERATION 19B CONDITION FOR WAS PERFORMED 21A. A CCIDENT WAS UNDERLYING 10R CONTRIBUTING 10R CONTRIBUTING 10R CAUSE OF DEATH (notify medical examined etc.) 21D. TIME (Month) (Doy) (Year) (Hour 2) WW. 21D. TIME (Month) (Doy) (Year) attended that (1) (we) last saw the deceased alive an and hour and from the causes stated above. 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) ERG 10 SAN PEDR	WHICH OPERATION B. FLACE OF INJURY (e.g., me, farm, factory, sheet, land) Which of May Occurred hile Al More the deceased from MAY 500 (M) (We) (did) (did	SA CONSEQUENCE OF: 20A. AUTOPSY? (Yee at No.) 20B. IN () In at about 21C. WHERE DID affice bidg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR?	IF YES, WERE FINDINGS CONSIDERED CERTIFYING CAUSES OF DEATH? (if In Boltimore City, give exact locotion) CCCUR? 2 ta MAY 5 19 7 Yey' (aur) apinian death occurred an the 23B. DATE SIGNED 5/5/72 RE, MARYLAND 21229 TAL CATON & WILKENS
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HEALTH DEPT. 258 NAME OF REGISTRAL 197%

25C. FUNERAL DIRECTOR ADDRESS Hubbard, 4107 Wilkens Ave. 21229 H. Howard

VS 150-REV. 1/1/66



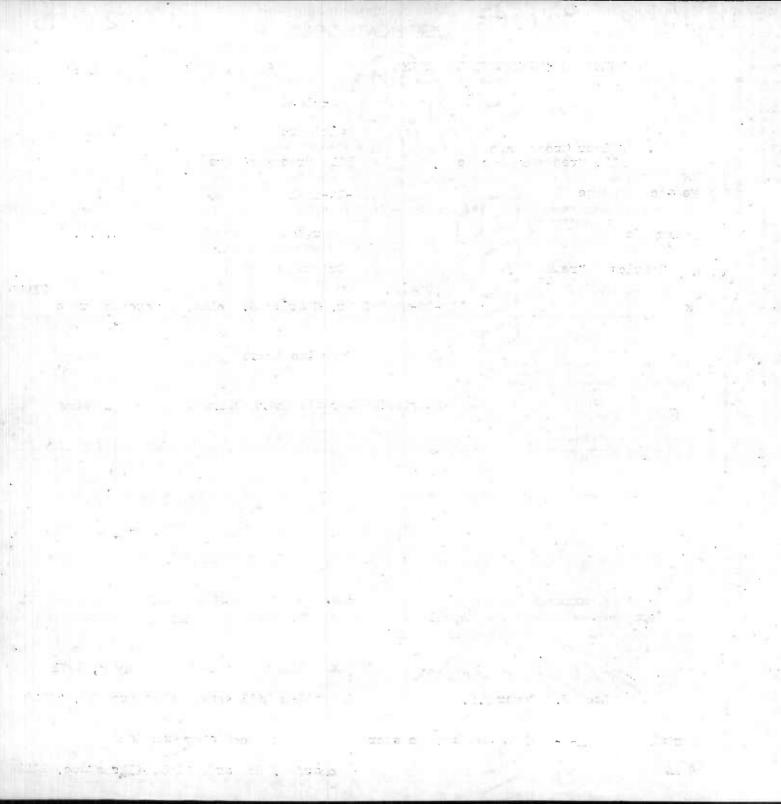
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ORTAN	assistant
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FUNERAL DIRECTOR: IMPORTAN	examiner o
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٤	This certificate must be approved by the chief medical examiner or his assistant if death occurred in
	must
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	This

a hospital and

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

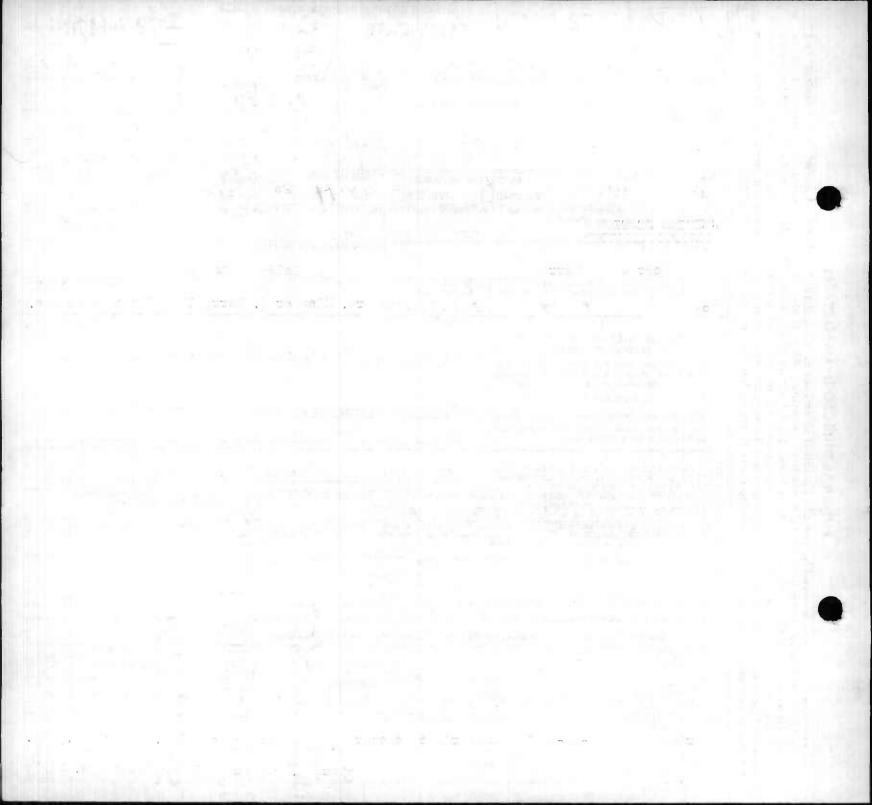
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2 8				E VIOLA HOLTZ	Ma	, - , ,	10:35 P
3. P	PLACE IN BAL	IIMORE, MARYLAN	ND, WHERE	PRONOUNCED DEAD		OUNTY	I institution: residence before odm
FUL	LL NAME OF	(IF NOT IN H	LOCATION	INSTITUTION, GIVE STREET	Maryland		0 00
INS	TITUTION	ADDRESS OR	LOCATION		C. CITY OR TOWN Baltimore	D. II	NSIDE CITY LIMITS?
	Q A	Silver Cr	toda No	-m0	E. STREET AND NUMBE	· p	YES X NO
	10	5124 Gree		720	5124 Greenw		
5. SE	EX	6. RACE	7- M	ARRIED NEVER MARRIED	B. DATE OF BIRTH	9, AGE (In years	If Under 1 Yr. If Under 2 Months Doys Hours
F	emale	White		OWED X DIVORCED	9-18-1891	last birthdoy)	Months Doys Hours
		PATION (Give kind		IND OF BUSINESS OR INDUST	TRY 11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT CO
	lous ewif		mied,		Maryland		U.S.A.
	FATHER'S NAM				14. MOTHER'S MAIDEN	NAME	
	Char	les Kreb	S		Cristanna	King	
15. W		Ever in U. S. Arm	ed Forces?	1 6. SOCIAL	17, INFORMANT	0	ADDRESS 21
	, na or unknown) O	yes, give war	or dotes al s		D Mr. Charles	E Ho1+= 9	
	1B. 1/ / s			CAUSE OF DE		E. HOILZ, O	APPROXIMATE INTO
	7 / 64	C OR COURTING	N. DIRECTI				BETWEEN ONSET AN
		E OR CONDITIO					
		ol meon the mo		(A) IMMEDIATE C	AUSE Cardiac Are	est	Sudden
		osthenio, etc. It r		DOL TO, OK			
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Howard H. Hubbard, 4107 Wilkens Ave. 21229 10 19/2 MAY VS 150-REV. 1/1/6B



FUNERAL DIRECTOR: IMPORTANT	A framinaho who	
	This certificat the body was shows: (1) An was D.O.A. a deceased pri	

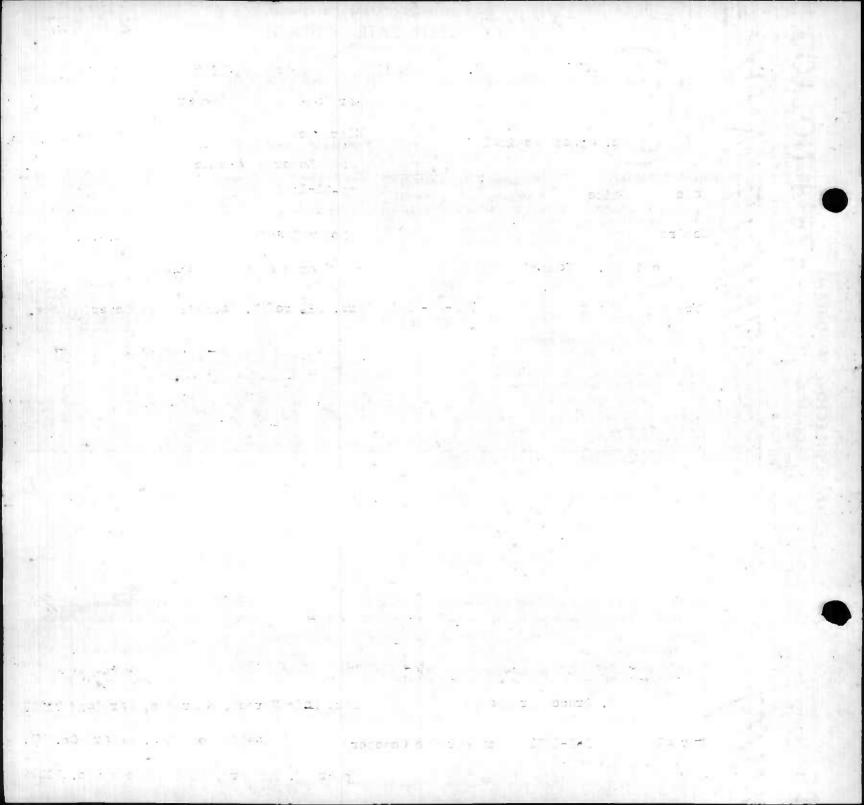
	1.00			BALTIMORE CITY	HEALTH DEP	ARTMENT				
	H-600	72 0	4476	CERTIFICA	TE OF D	FATH	REG. NO.	,50	D4476	3
	RTH NO.			CENTITICA	TE OI E				0,210	,
	NAME OF DECEASED	1 .	- 12 /3				OG-72	2 .	11.31	2 8
1	G. EO		RR	JR-	IL LISUAL RES		re deceased lived.	If institutions to	esidence before	admission)
113	PLACE IN BALTIMOR	E MARILAND, WH	ERE PRONOU	INCED DEAD	A. STATE	B. COU		A	STOCKED BEIOTE	
F	ULL NAME OF	F NOT IN HOSPITAL	OR INSTITU	TION, GIVE STREET	MD.	212	27 /	ALTO	2	300
	OSPITAL OR A	DDRESS OR LOCAT	ION)		C. CITY OR TO	MM	D.	INSIDE CITY L	IMTS?	
-被				+01	BALTI	MORE	7	YES Z	NO	
11/	MARYLAND	GENERAL	Hospi	776	E. STREET AN			~		
	,				1700	R17	TENHOU	isc Av	· BALT	0.
5.	SEX 6. RA	CE 7	MARRIED	NEVER MARRIED	8. DATE OF BI		9. AGE (In years last birthdoy)	ii Unde	Doys Hours	der 24 Hrs.
	M	W	WIDOWED	DIVORCED	08-1	1 . 25	46		50/5	
ic	A USUAL OCCUPATIO	N (Give kind of work)		BUSINESS OR INDUSTRY	11. BIRTHPLAC	E (State or for		12, CITI	ZEN OF WHAT	COUNTRY?
do	SERVICE STA	life (Men H retired)							USA	
	XOXONO, OXONO, O	CXXEX RX			MO		A46			-
113	L FATHER'S NAME	1			14. MOTHER'S	MAIDEN NA	ME			
	George	Herr				Hele	n Lange	2		
15	Was Deceased Ever i		107	1 6. SOCIAL	17. INFORMAN	18			ADDRESS	21227
1100				SECURITY NO.	Mrs E	leanor i	G. Herr, 1	700 Rit	tenhouse	Ave
	Yes	WWII		CAUSE OF DEAT		TOWNOT	o, 11-11, 1	1	APPROXIMATE	
	18.440,	0 1		CAUSE OF DEAL	TI.				BETWEEN ONSET	
		CONDITION DIRE	CTLY		400		0	on ar		
			lulas as	(A) IMMEDIATE CAL	ise ASPIA	2111011	PNEUMON	114		
	heart failure, asthe	an the mode of c	he disease,	DUE TO, OR AS	A CONSEQUEN	CE OF:				
	injury or complicati	ion which caused o	eath.)							
	ANTE	CEDENT CAUSES		(0)						
	DISEASES OR CO	ONDITIONS, if a	ny, giving	DUE TO, OR AS	A CONSEQUE	ICE OF:				
	rise to the abo	ve cause (A)								
	UNDERLYING CO	NDMON last.		(c)						
11.		11					•			
	OTHER SIGNIFICANT	CONDITIONS CON	TRIBUTING	EDN'GE.	STIVE	CHEPH	T FAIL	URE		
	DISEASE OR CONDIT	TON GIVEN IN PART	1 (A).						CONSIDERED	
N:	DISEASE OR CONDITION 19A-DATE OF OPER 050472 21A-ACCIDENT W	ATION 198 COND	DEMED	WHICH OPERATION 8	Tug 20A. AUTO	1213 fres or in	IN CERTIFYING	CAUSES OF	DEATH?	
113	050472	- Yant	IAL CD.	SIKUCIION MOKI	4 441100					
110	OR CONTRIBUTING	CAUSE OF	21 B	PLACE OF INJURY (e.g.,	flice bldg, INJU	RY OCCUR?	(It in Boi	ltimore City, giv	re exact location	1
	DEATH (notify media		elc.							
	21D. TIME (Mor	th) (Doy) (Year)	(Houd 21E	INJURY OCCURRED	21F.	HOW DID IN	JURY OCCUR?			
	(APPROX)		Whi	ile At Not Whi	le [
			Wo	ik LLI At Work						
	22. I certify that	(I) (this hospital)	attended t	he deceased from			19to			19
	that (1) (we) last	saw the deceased	alive on_	0506 7	19 7	2_ and t	hat In(my) (aur)	apinian dea	th accurred a	n the date
) (We) (did) (did nat)						
	23A. SIGNATURE	7 110 000303 31010		/ (me) (eta) (eta mai)	110 110 1007	01101 000111		23B, DA	TE SIGNED	
	Dan	KAZ		AH	ending	Med.	Staff 🔽	0	506	72
	you	70,0	~	OEGREE Phy		Director L	Staff Phys.			
	23C. PHYSICIAN'S NAME (Type)				23D. ADDRESS		4 6 5 1		to SPIT	TAI
	GUST,	NO RIOZ	MAX	DCA DEGREE	MAR	YLAMA	6 CNE	MAL C	VUSPI	./ 6
2	4A. BURIAL CREMATI	ON, 24B, DATE	24C, N	AME of CEMETERY of CI	EMATORY	24D.	LOCATION	City, town,	or county)	(Stote)
	REMOVAL (Specify		72 3/2	adarraidae Co-	otor-	Lio	chineter 1	Rlud II	oward Co	Md
	Burial	5-10-19		adowridge Cen		RAL DIRECTO	shington	prva. He	ADDRESS	e, Mu.
	AND THE TOTAL	EALTH DEPT.	Side Co	DF REGISTRAR	1			07 174 11-4		21220
	mmi I O 13/1	Activities on	A. C. LES		Howar	d H. Hu	bbard, 41	U/ WIIK	ens ave,	21229
1 6	'S 150-REV. 1/1/68									



This certificate must be approved by the chief medical examiner or his assistant if deoth occurred in a haspital and the body was released to the hospital by a medical examiner. Also, if the direct or cantributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death). Such

	2 1000	N 4 112	BALTIMORE CITY	THE TELL OF THE PARTY OF THE PA		
14-55 BIRTH NO.	0 12	0447	7 CERTIFICA	TE OF DEATH	REG. NO	72 04477
Type or Print)	CEASED				AND HOUR OF DEAT	H
	DAVID		E, HANN		6, 1972	13-0
3. PLACE IN BA	LTIMORE, MARYLANO, W			4. USUAL RESIDENCE (W. A. STATE 8. COL	NTY	/ -
FULL NAME OF	(IF NOT IN HOSPIT	AL OR INST	ITUTION, GIVE STREET	Mary land	Howar	NSIDE CITY LIMITS?
NOITUTITEN				Elkridge	D. 11	YES NO V
40	St. Agnes I	Hospita	1	E. STREET AND NUMBER		123 140 20
70				5590 Leveri	ng Avenue	
S. SEX	6. RACE	7. MARRIEI	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yi. If Under 24 Hr Months Doys Hours Min.
Male	White	WIDOWE		12-21-1888	83	TVIONINS DOYS PROUTS TVIIN.
	CUPATION (Give kind of work f working lile, even if retired)	10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stoto or Id	reign country)	12. CITIZEN OF WHAT COUNTS
Retired				Pennsylvan:	<u>į</u> a	U.S.A.
3. FATHER'S NA	AME			14. MOTHER'S MAIDEN N		
Joh	hn B. Hanr	num		Charlesa	nna Wils	son
S. Wos Oecoose	d Ever in U. S. Armed For	rcos?	1 6. SOCIAL	17. INFORMANT		ADDRESS 21227
Yes	W W T	SO SEIVICE	705-05-6342A	Mrs. Mildred	I. Hannum	21227 5590 Levering Ave.
18. 1/	0 9 1		CAUSE OF DEAT		- imiliant,	APPROXIMATE INTERVAL
	, oslhenia, elc. Il means mplication which coused ANTECEDENT CAUSES	death.)	e, (8) (32	A CONSEQUENCE OF	Vapo	war 571
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VS 150-REV. 1/1/68



FUNERAL DIRECTOR: IMPORTANT

1	H-637 72 04478 BALTIMORE CITY HEA	LTH DEPARTMENT
75705	CERTIFICATE	OF DEATH REG. NO. 72 04478
of death of death Decease e on the	1. NAME OF DECEASED (Type or Print) HOWARD, ROBERT J.	May 8, 1972 9:10 A.
hospita use of (5) Dec dance o death.	FULL NAME OF CIP NOT IN HOSPITAL OF LASTILLUTION, ELV DIRECT HOSPITAL OR ADDRESS OR LOCATION)	SUAL RESIDENCE (Where deceased lived, If institution: residence before admission) TATE B. COUNTY Varyland Baltimore TY OR TOWN D. INSIDE CITY LIMITS?
in a cause, trend	Veterans Administration Mospital	Baltimore YES NO NO TREET AND NUMBER
od co	Baltimore, Maryland 21218	417 McCullah Street
ntribu rmine egula ased s mad	Male Negro WIDOWED DIVORCED	9. AGE (In years II Under 1 Yr. II Under 24 Hrs. Months Doys Hours Min.
h co co ce ce	done during most of working life, even if retired) Donter Tavern	Maryland 12. CITIZEN OF WHAT COUNTRY? U. S. A.
irect or (4) Under was ir the de ispositio	13. FATHER'S NAME	Helen Collins
sistant the di kind; death nce on inal di	(Ves no as unknown) (If was give was as dates of service) SECURITY NO	. Paul Howard 1001 E. Cold Spring La
dical examiner or his lical examiner. Also, rns; (3) A fracture of sician who pronound was in regular atter mains are embalmed	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., heart laiture, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, it any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last. (C)	PF. NSEQUENCE OF:
tal by a medi s; (2) Body bur here the phys No physician v	[] CISEASE OR CONDITION GIVEN IN PART 1 (A).	DA. AUTOPSY? (Yos or No) OA. AUTOPSY? (Yos
he hospit he hospit y nature xcept wi and (6) N	21D. TIME (Month) (Doy) (Yoor) (Hour) 21E, INJURY OCCURRED OF INJURY (APPROX.) While At Work At Work	21F. HOW DID INJURY OCCUR?
of all (e all (e)); h);	22. I certify that (1) (this hospital) attended the deceased from Mar that (1) (we) last sow the deceased alive on May 8, and from the causes stated above (1) (We) (did) (Manual) view to	19 72 and that Intmy) (our) apinion death accurred on the date
relea accide accide r a hos	23A, SIGNATURE Attending Phys. 23C. PHYSICIAN'S NAME (Type) RAMMER Attending Phys. 23D. A	Med. Sheff 5-9-71- DDRESS 3900 Loch Raven Boule rard Baltimore, Maryland 21218
P. C. O. B. D.	24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY OF CREMATO	
S S S +	Burial 5-12-72 Arbutus Memorial 25A. DATE REC'D BY HEALTH DEPL 25B NAME OF REGISTRAR ANY 10 1972	Park Baltimore Co., Maryland Sc. FUNERAL DIRECTOR ADDRESS
the sho wa dec	WAY 1 0 1972 VI 7 2 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	JUTTER FUNERAL HOME 3035 W. NORTH AVE

7/12/72 - Correction form from funeral director.

793C

was released

accident

An D.O. A.

shows: (1) deceased

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the body

of death
Deceased

(5) cause

cause;

hospital

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Mr. Ringgold Dorsey Jr. 3339 Dolfield A 24A. BURIAL CREMATION, 24B. DATE 24D. LOCATION (City, town, or county) (Stole Burial Atimore National Cem. Maryland 25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR NUTTER TUNERAL HOME 3035 W NORTH VS 150-REV. 1/1/68

5-25-1972 - Letter - University of Maryland Hospital - Expired on May 9, 1972

Suzanne S. Murphy
Dept. of Medical Records

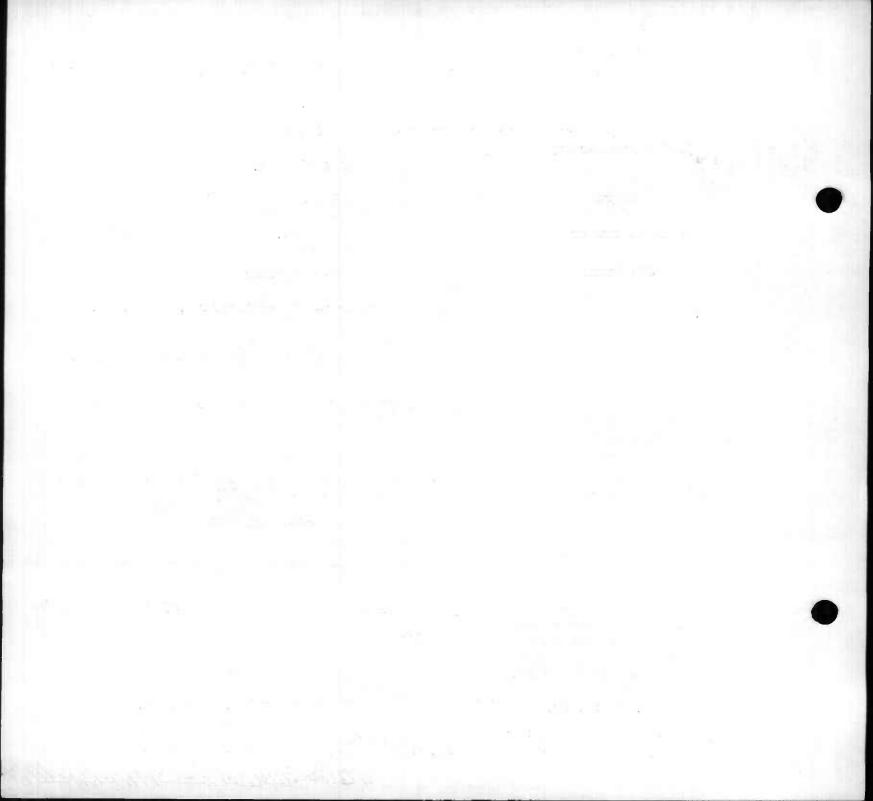
- perides - 1-- to -

HRS

18	P-623 72 (14480	BALTIMORE CITY			72 04480	
	RTH NO.		CERTIFICA	TE OF D	EATH REGING.		
Ту		TWIDGE	HERBERT	Γ 5.	MAY9-197	7 1 00.45 A	
3.	ULL NAME OF IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) HOSPITAL OR ADDRESS OR LOCATION)			4. USUAL RESI A. STATE	DENCE (Where deceased lived. II B. COUNTY	institution: residence belore admission	
HC				C. CITY OR TOV		ISIDE CITY LUMITS?	
L				E. STREET AND NUMBER 3501 ELLAMONT Rd			
5. :	SEX 6. RACE	7. MARRIED	NEVER MARRIED	8 DATE OF BIOTH IS ACE II.			
Ma	ale Negro	WIDOWED	DIVORCED	7-25-19	last birthdoyl 55	Manths Doys Hours Min.	
10A don	LUSUAL OCCUPATION (Give kind of world during most of working lile, even if retired)	108 KIND OF BU	ISINESS OR INDUSTRY	11. BIRTHPLACE	(State or foreign country)	12. CITIZEN OF WHAT COUNT	
	Owner of Tavern	Self-en	nployed	Maryla	and	U B A	
13.	FATHER'S NAME			14. MOTHER'S			
7	Algernon A. Prest	widge		Bessi	e Saunders		
5. Ye:	Was Deceased Ever in U. S. Armed For s,no or unknown)[(if yes, give wor or date	rces? 16	SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	
	No	Charles and the Control		Mrs. Ma	thilde Prestwi	dge 3501 Ellamo	
	18. 303,11		CAUSE OF DEATH			APPROXIMATE INTERVAL	
	DISEASE OR CONDITION DI	RECTLY		= 01/	Λ	DETWEEN ONSET AND DEA	
	(A) IMMEDIATE CA				1 =	6 45	
	Land the second condition of t						
	ANTECEDENT CAUSES Chr. Al-holism & Wormke Enceph Grather -1						
	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF:						
	rise to the above cause (A) stating the UNDERLYING CONDITION last. (C)						
	(-)						
ATION	OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PAR	HE TERMINAL	An	emia	······································		
RTIFIC	19A-DATE OF OPERATION 19B. CON WAS PER	ON FOR WHI	CH OPERATION	20A. AUTOPS	13 IVes of No. 208, IF YES, WERI	FINDINGS CONSIDERED AUSES OF DEATH?	
CAL	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	21 B. PL/ home, etc.)	ACE OF INJURY (e.g., ir form, foctory, street, of	fice bldg., INJURY	HERE DID (If In Boltim OCCUR?	ore City, give exact location)	
MEDI	21D. TIME (Month) IDoy) (Yeor) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While At Not While At Not Wark At Wark						
	MALCA TO MALCA						
	that (I) (we) last saw the deceased alive on MAY 19 Z and that in(my) (our) opinion death occurred on the date						
1	and hour and from the causes stated above. (1) (We) (did) (did not) view the body after death.						
l l	23A. SIGNATURE // IZ3B, DATE SIGNED						
	C. Wand to pr	V. VI 11 17 1	Atter Phys	nding M.	ed. Staff Phys.		
			DEGREE	25 4			
	23C. PHYSICIAN'S CHAUEMP	HOL THAN	anulanen ?	23D. ADDRESS	ANAI Mosp. of BA	Yo	
	NAME (Type) CHAU-MP	HOL THAN	DEGREE OF CRE	\$		City, town, or county) (State)	
24A	NAME (Type) CHAUSME. A. BURIAL CREMATION, 248. DATE REMOVAL (Spocify)	HOL THAN	DEGREE E of CEMETERY of CRE	MATORY	24D. LOCATION 10	City, town, or county) (State)	
24A B	NAME (Type) CHAU-MP	HOL THAN	AND DEGREE E OF CEMETERY OF CRE TUS Memori EEGISTEAR	MATORY a Park 25c, FUNERA	24b. LOCATION 10	•	

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BU	B-500 72 0448:	1		HEALTH DEPARTMENT	REG. NO.	72 0	1481	
1,1	NAME OF DECEASED		1	2. DATE A	ND HOUR OF DEATH			
Ciy	SOONE	, 0	VALTER G	FORGE 5	16/72	1	7 17 Du	
3.	PLACE IN BALTIMORE, MARYLAND, WHER	E PRONO	UNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, Il institution; residence before admissign) A. STATE B. COUNTY				
He	JLL NAME OF OSPITAL OR ADDRESS OR LOCATION	OR INSTITU	JTION, GIVE STREET	Md. C. CITY OR TOWN Baltimore D. INSIDE CITY LIMITS? YES THE NO				
'''	US Public Health	Serv	ice Hospital					
5	3100 Wyman Parkway			E. STREET AND NUMBER	+	150 14	МОП	
5.	SEX 6. RACE 7. a	A A PRICE [1014 Vine S	9. AGE (In years	L 11 11-1	1 2 11 11 24 11	
	M Negro w	MARRIED [XX DIVORCED	6/28/84	lost birthdoy)	Months	1 Yr. II Under 24 His. Doys Hours Min.	
dor	A. USUAL OCCUPATION (Give kind of work 108, ne during most of working life, even if refired) Railroad worker	KIND OF	BUSINESS OR INDUSTRY	II. BIRTHPLACE (Stote or for Md.	eign countryl		EN OF WHAT COUNTRY?	
13.	FATHER'S NAME			14. MOTHER'S MAIDEN NA	AME			
	Joe Boone			Annie Boat	man			
15. (Y -	Was Deceased Ever in U. S. Armed Forces?	nami-A	16. SOCIAL	17. INFORMANT			ADDRESS	
	rs, no or unknown! (If yes, give wor or dotes of	service	SECURITY NO.	Records- US PH	S Hospital,	Balto,	, Md.	
	18. /5/91		CAUSE OF DEATH				APPROXIMATE INTERVAL	
	DISEASE OF CONDITION DIRECT	TLY	ASPIRA	TION PUEUM	ONIA AN	10	THEEN ONSELVING DEXIN	
	(This daes not mean the mode of dying	(A) IMMEDIATE CAU			ISE GASTRIE DISTENTION DAYS			
	hearl failura, asthenia, etc. It means the	this does not mean the mode of dying, e.g., heerl failure, asthenia, etc. It means the disease, injury or camplication which caused death,)						
	ANTECEDENT CAUSES		CARC	CINOMA.	STAMACE	7	VEAD	
	DISEASES OR CONDITIONS, il any,	giving	DUE TO, OR AS	A CONSEQUENCE OF:	JI CITA CA		1400	
	rise to the abave cause (A) stating the UNDERLYING CONDITION last. (C)							
	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\							
ATION	OTHER SIGNIFICANT CONDITIONS CONTRI TO THE DEATH BUT NOT RELATED TO THE TE DISEASE OR CONDITION GIVEN IN PART 1 (RMINAL	CHRONIC	GRANULOHA		ASE	VEARS	
RTIFIC	19A DATE OF OPERATION 19B CONDITION WAS PERFORM	20A. AUTOPSY? (Yes of N	O) 208, IF YES, WERE IN CERTIFYING CAN	INDINGS OF D	CONSIDERED EATH?			
CAL	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH Inotify medical examines)	21B, hame elc.)	e, farm, factory, street, off	or obout 21 C. WHERE DID		e Cily, give	exoct locotion)	
21D. TIME (Month) (Doyl (Yeor) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While At Work At Work								
	22. I certify that (1) (this haspital) att			v 1	19 72 to ME	y 6	19 72	
	that (I)(we) last saw the deceased al		May 6		4.4		accurred an the date	
	and haur and from the causes stated a		(We) (did) (did hold u				on the cole	
	23A. SIGNATURE	>	The state of the s	The body dilet dedina		23B, DATE	SIGNED	
	ViaL. D	aue	M.D. After Phys.	Med. Director	Staff Phys.	51	7/72	
	23C.PHYSICIAN'S NAME (Type) 17-10 T Rosson Sn S	Same (DEGREE 2	3D. ADDRESS	oital, Balto,	Md /	-/-	
24/	Vija L/ Bauer, Sr. S		DEGREEI					
B	MEMOVAL (Specific STILL)	111	7. alleburn	Com B	allo 7	of the state of	dunty) (Stote)	
254		RAME O	F REGISTRAR	TELLIAMS TI	an al Abus	3/98	ADDRESS SOLELLA	
VS	150-REV. 1/1/68		- Au	1, 200	1007/100	1111	1-4000 00010	



CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOPSY? (Yes or No) yes 228. PLACE OF INJURY (e.g., In or obout 22C. WHERE DID (If in Boltimore City, give exoct locotion) home, form, foctory, street, office bldg., etc.) INJURY OCCUR? EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB State Hospita UTING CAUSE OF DEATH. Springfield State Hospital 22D. TIME (Month) (Hour) 22E.INJURY OCCURRED 22F. HOW DID INJURY OCCUR? (Yeor) NOT WHITE OF INJURY WHILE AT (APPROX.) 5-6-72 WORK Deceased fell in bathroom I certify that I held an Inquiry Inspection ___ Autopsy and that on this bosis, death in my opinion resulted fram: Natural couses 2 Accident Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE **EXAMINER'S** ASSOCIATE MEDICAL EXAMINER Peter Lipkovic, M.D. NAME (Type) 24A. BURIAL CREMAJION, 24C NAME & CEMELERY 24B. DATE CREMATORY 24D. LOCATION (Stote) REMOVAL (Specify

25C. FUNERAL DIRECTOR

ADDRESS

25B. NAME OF REGISTRAR

25A. DATE REC'D BY HEALTH DEPT

VS 151-REV, 1/1/68

6-27-1972 - Letter from the Office of the Chief Medical Examiner, Peter Lipkovic, M.D.

Assistant Medical Examiner

CERTIFICATE AMENDED

HRS

	BALTIMORE CIT	Y HEALTH DEPARTMENT						
	IRTH NO. 72 04483 CERTIFICA	ATE OF DEATH X REG. NO. 72 04483						
	NAME OF DECEASED Type or Printl	2. DATE AND HOUR OF DEATH						
1	MACE IN BALTHAORE ARRY AND WARES	5-8-72 1245 pm						
11,	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. II institution: residence before admission) 8. COUNTY						
	ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	110. AA 50.00						
	NSTITUTION ADDRESS OR ECCATION	C. CITY OR TOWN / D. INSIDE CITY LIMITS?						
11	2 11 1 Min Block	SEVERNE PARK YES NOW						
1	Harbor View Nursing + Conv. Center	E. STREET AND NUMBER						
		1 XT / Box 34/						
)	SEX 6. RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (in years II Under 1 Yr., II Under 24 Hrs.						
	TEM. Negro WIDOWED X DIVORCED	6/17/08						
t d	A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or loreign country) 12. CITIZEN OF WHAT COUNTRY?						
	Domostin	SOUTH CAROLINIA USA						
13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
	JAKE HAM							
15	Was Deceased Ever in U. S Arred Fores? 114 contain	ADA NETTLE						
(Y	es, no of unknown I ut yes, give wor of doles of servicel SECURITY NO.	17. INFORMANT ADDRESS						
	248-26-2248	A Record						
	18. CAUSE OF DEAT							
	DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH						
	LEADING TO DEATH (This does not meen the mode of dying, e.g., (A) IMMEDIATE CALL (This does not meen the mode of dying, e.g.,	ISE CARCINOMA (L) PELVIS						
	heart tailure, asthenia, etc. it means the disease	A CONSEQUENCE OF:						
	injury ar camplication which coused death.)							
	ANTECEDENT CAUSES (B) CARCINOMA - CERVICAL							
	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF: ise to the above cause (A) stoting the							
	UNDERLYING CONDITION last. (c) THROMBOPHLEBITIS.							
TION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	The state of the s						
ATI	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).							
CERTIFICA	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?						
ERT	O THAT ENOUVIED	IN CERTIFYING CAUSES OF DEATH?						
11 .	OR CONTRIBUTING CAUSE OF home, form, foctory, street, of	n or obout 21 C. WHERE DID (if In Boltimore City, give exect location)						
O	DEATH (notify medical examined elc.)	July 1100Ki OCCOK						
MEDICAL	21D-TIME (Month) (Doyl (Year) (Hous) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?						
8	(APPROXI White At Not White							
	Work Al Work 32. I certify that (1) (this hospital) attended the deceased from							
I	that (November 1) (this hospital) offended the deceased from	25 MARCH 1972 to 8 MAX 1972						
	that (1) (we) last saw the deceased alive on 29 April	19ond that in(my) (our) opinion death occurred an the date						
	and haur and fram the couses stated above. (1)(We) (did) (did not) v	iew the body ofter death.						
	23A. SIGNATURE	238, DATE SIGNED						
	Phys	Med. Staff Director Phys. BMAY 72						
	DOC BUNCLOS AND	3D. ADDRESS						
	EDWIN C. FULTON MD	Croston md. 21113						
24	A. BILDIAL CREATERN DEGREE	MATORY 24D. LOCATION (City, town, or county) (State)						
1		(State)						
25/	A. DATE REC'D BY HEALTH DEPT. 258. HAME OF REGISTRAR	rove florence S.C.						
	A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS						
VS	150°REV. 171/68	VALURANTE TREMERAL HOME 3/9 11 Sent recour ST						

cat 10/21/9

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FUNERAL DIRECTOR: IMPORTANT

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approach must be obtained before the remains are embalmed or final disposition is made. the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

0.	01	N 4 4 1 1 1 4	BALTIMORE CITY	HEALTH DEPARTMENT		72 04484		
BIRTH NO.	26 12	04484	CERTIFICA	TE OF DEATH	REG. NO	15 03303		
1. NAME OF (Type or Print		Spicer			AND HOUR OF DEATH	H M		
3. PLACE IN	BALTIMORE MARYLA	ND, WHERE PRON	OUNCED DEAD	4. USUAL RESIDENCE (VA. STATE	here deceased lived, If	institution: residence before odmissian)		
FULL NAMI	E OF (IF NOT IN I	HOSPITAL OR INST	STUTION, GIVE STREET	20000000000000000000000000000000000000	र्व्याप्याप्याप्याप्याप्याप्याप्याप्याप्याप	Maryland Baltimore		
HOSPITAL C	OR ADDRESS OF	LOCATION)		C. CITY OR TOWN		SIDE CITY LIMITS?		
45				Baltimore		YES NO X		
The	Good Sama	ritan Ho	spital	8119 Edding		5300		
5. SEX	6. RACE	7. MARRIE	D NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthday)	Months Doys Hours Min.		
IOA. U SU AL	OCCUPATION (Give kind		OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY		
Sian E	ost of working life, even if r	etired)	entising	Maryland		USA		
13. FATHER'S	NAME			14. MOTHER'S MAIDEN	NAME			
Jose	ph Spinor			Audre	u G. Sheck	ells		
5. Wos Dec	eosed Ever in U. S. Am	ned Forces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT	8119 Ed	ADDRESS)		
Yes	7 3 3 4 4 5	or doles of service	212.45-2001	Donna R. Spic	0119 Ca	MI 2422/		
1B. /	7/01		CAUSE OF DEAT		Dalto.,	APPROXIMATE INTERVAL		
16	ISEASE OR CONDITIO	ON DIRECTLY	7	11		BETWEEN ONSET AND DEATH		
	LEADING TO D		Maligna	nt Fibrosarc	oma	oneyear		
	ges not mean the mo		9- DUE TO, OR AS	A CONSEQUENCE OF:		o acquir		
	heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death.)							
	ANTECEDENT C	AUSES						
DISEAS	ES OR CONDITIONS	s, if any, givin	ng DUE TO, OR AS	A CONSEQUENCE OF:				
	the obove cause							
ONDER	LING CONDITION IC	181.	(C)	***************************************				
	IGNIFICANT CONDITION DEATH BUT NOT RELATE							
	OR CONDITION GIVEN		R WHICH OPERATION	20A. AUTOPSY? (Yes or	Nol 208, IF YES, WERE	E FINDINGS CONSIDERED		
D 19A. DA		AS PERFORMED	K WINCH O'EKATION	700	IN CERTIFYING C	AUSES OF DEATH?		
OR CON	CIDENT WAS UNDERLY	OF H	18. PLACE OF INJURY (e.g., lome, lorm, foctory, street,	in or obout 21C. WHERE DIE	(If In Boltime	ore City, give exact location)		
U	(notify medical examiner)		itc.)					
OF INJU			1E. INJURY OCCURRED		INJURY OCCUR?			
E (APPROX	()		While At Not Whi	le 🔲				
22. 1 ce	ertify that (1) (this ha	spital) attended	the deceased from	5-5-	1972 to 5	-8 1971		
that(I)	(we) last sow the de	ceased alive or	5-8-	10/2	that is (my) (aur) or	pinion death accurred on the dat		
			00			printed death accorred on the dat		
	and hour ond from the couses stated above (1) (We) (did) (did not) view the body after death. 238. DATE SIGNED							
237	10 1),,	n Att	ending Med.] Staff	235. DATE STORED		
>10	m D. 10	albert,	MO. DEGREE Phy	s. Director L	Phys.	8 mu 72		
	ME (Type)			23D. ADDRESS	De a Rhad	P-U2 N-		
JC 24A. BURIAL	CREMATION DAR DE	albert	MANA O CEMETERY OF CR	000	aven Blud.			
REMOV	/AL (Specily)	24C.	NAME of CEMETERY OF CR			City, town, or county) (Stote)		
Buri 25A. DATE F	95	1-72 P	arkwood (emeter	2SC. FUNERAL DIREC	Baltimore, M	Paryland		
	MAY 1 1 1079	26.02	Xada Ma	Mos ublu Fun	eral Home Bas	lto. Md. 21230		
VS 150-REV.	1/1/6B			3.77				

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FUNERAL DIRECTOR: IMPORTANT

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased a hospital and This certificate must be approved by the chief medical examiner or his assistant if death occurred in VS 150-REV. 1/1/68

1111-11/21		BALTIMORE CITY	HEALTH DEPARTMENT		
BIRTH NO.	72 04485	CERTIFICA	TE OF DEATH	REG. NO	72 04485
1. NAME OF DECEASED	- I		2. DATE	AND HOUR OF DEATH	
Type or Print Moeller.	Josephi vie		3/6	8/72.	9.45 D.M.
3. PLACE IN BALTIMORE MAR	YLAND, WHERE PRONOUNCED	DEAD	4. USUAL RESIDENCE IW	here deceased lived. If in	stitution: residence before admission)
FULL NAME OF (IF NOT ADDRESS INSTITUTION	IN HOSPITAL OR INSTITUTION, S OR LOCATION)	GIVE STREET	Hamand c. City Ortown	BAL	DE CITY LIMITS?
1 11	- 0 1 11.		Ballimane		YES NO R
450ylh Ballin	ire Genral Hor	PINAI	E. STREET AND NUMBER	· 1. D	
5. SEX 6. RACE	7- MARRIED NEV	ER MARRIED	DATE OF BIRTH	9. AGE fin years	II Under 1 Yr II Under 24 Hrs.
FW	WID OWED X	DIVORCED	4-6-91	lost birthdoyl	Months Days Hours Min.
	kind of work 108, KIND OF BUSINE		11. BIRTHPLACE (Stale or fo	oreign country)	12. CITIZEN OF WHAT COUNTRY?
done during most of working life, ever			0		
Processing 13. FATHER'S NAME	Silvensmi		Leruction of	A A A S	U.S.A.
Joseph Auch	tid		- G	AME	
	1 CVI		leresa J	Opp	
15. Was Deceased Ever in U. S. (Yes, no or unknown) (If yes, give	Armed Forces? war or dates of service) 1 6. SOC	CIAL CURITY NO.	7. INFORMANT		ADDRESS
No -	218-	01-9601-A	Lore Walter Do	wohten 11320	Broadview Blvd21061
18. 590. 1	C	AUSE OF DEATH	veries .		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDI			0 1		STATE STATE AND SEATING
(This does not mean the	mode of dying a g	A) IMMEDIATE CAUS		1 doubline	
heart failure, asthenia, etc.	It means the disease,	DUE 10, OR AS A	CONSEQUENCE OF:		
ANTECEDENT		C			
		(B) JED (**************		************
DISEASES OR CONDITION	use (A) stating the	DUE 10, OK AS A	CONSEQUENCE OF:	1.	
UNDERLYING CONDITION	l last. (c) probab	le pycloner	ohmuo	
_ 11			V .		
O THER SIGNIFICANT CONDITION TO THE DEATH RUT NOT RE	IONS CONTRIBUTING		V		
TO THE DEATH BUT NOT REL	ATED TO THE TERMINAL 'EN IN PART 1 (A).	*************************	V 1		
19A-DATE OF OPERATION	ATED TO THE TERMINAL EN IN PART 1 (A). 198. CONDITION FOR WHICH C WAS PERFORMED	PERATION	20 A. AUTOPSY? IYes or I	No) 208, IF YES, WERE I	INDINGS CONSIDERED USES OF DEATH?
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19A. DATE OF OPERATION 21A. ACCIDENT WAS UNDER OR CONTRIBUTING CAUS DEATH (notify medical examily) 21D. TIME (Month) (Do)	ATED TO THE TERMINAL EN IN PART 1 (A). 198 CONDITION FOR WHICH C WAS PERFORMED ERLYING ERLYING 1218 PLACE home, form, etc.J	OF INJURY (e.g., in foctory, street, office	ar obout 21C, WHERE DID	IN CERTIFYING CA	JSES OF DEATH?
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19A. DATE OF OPERATION 21A. ACCIDENT WAS UNDER OR CONTRIBUTING CAUS DEATH (notify medical examination) 21D. TIME (Month) (Dog OF INJURY (APPROX.)	ATED TO THE TERMINAL EN IN PART 1 (A). 178. CONDITION FOR WHICH (WAS PERFORMED ERLYING RECT RECT	OF INJURY (e.g., in factory, street, office of the colory). Street, office of the colory of the colors of the colo	ar obout 21C. WHERE DID to bldg. INJURY OCCUR?	IN CERTIFYING CAI	JSES OF DEATH?
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19A. DATE OF OPERATION 21A. ACCIDENT WAS UNDE OR CONTRIBUTING CAUS DEATH (notify medicol exemi- DEATH (notify medicol exemi- OF INJURY (APPROX.) 22. 1 certify that (I) (this that (I) (we) last saw the ond hour and fram the caus 23A. SIGNATURE	ATED TO THE TERMINAL EN IN PART 1 (A). 178. CONDITION FOR WHICH (WAS PERFORMED 218. PLACE home, form, etc.) 178. Cond (Haur) 218. PLACE home, form, etc.) While At Work Condition attended the dece	OF INJURY (e.g., in factory, street, office of the factory) of the factory of the	ar obout 21C. WHERE DID the bidg. INJURY OCCUR? 21F. HOW DID IN 19 72 ond to the bady ofter death	IN CERTIFYING CAI	City, give exect location)
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19A. DATE OF OPERATION 21A. ACCIDENT WAS UNDE OR CONTRIBUTING CAUS DEATH (notify medical exami OF INJURY (APPROX.) 22. 1 certify that (I) (this that (I) (we) last saw the ond hour and fram the cau 23A. SIGNATURE 23C. PHYSICIAM'S NAME (Type) R	ATED TO THE TERMINAL EN IN PART 1 (A). 198. CONDITION FOR WHICH (WAS PERFORMED 218. PLACE home, form, etc.) 10 (Year) (Haur) While At Work hospital) attended the dece deceased alive an uses stated above. (I) (We) (OF INJURY (e.g., in foctory, street, office of the control of the	ar ebout 23C, WHERE DID the bldg, INJURY OCCUR? 21F. HOW DID IN 19 72 ond some the bady ofter death ling Med. Director D. ADDRESS South Ballium	IN CERTIFYING CAI (If In Boltimore (I) IT DOING (I) IN COURT (I) IN	City, give exoct locotion) 10 City, give exoct locotion) 10 T2 Ilon death occurred on the date 1238, DAJE SIGNED KOYITAL
19A. DATE OF OPERATION 21A. ACCIDENT WAS UNDE OR CONTRIBUTING CAUS DEATH (notify medicol exemi OF INJURY (APPROX.) 22. I certify that (I) (this that (I) (we) last saw the ond hour ond fram the cau 23A. SIGNATURE 23C. PHYSICIAM'S NAME (Type) 24A. BURIAL CREMATION, REMOVAL (Specify)	ATED TO THE TERMINAL EN IN PART 1 (A). 198 CONDITION FOR WHICH (WAS PERFORMED 218 PLACE home, form, etc.) 218 PLACE home, form, etc.) 218 INJURY While At Work A deceased alive an USES Stated above. (I) (We) (OF INJURY (e.g., in foctory, street, office of the foctory). Street, office of the foctory. S	ar obout 21C. WHERE DID the bidg, INJURY OCCUR? 21F. HOW DID IN The bidg of the death ding Med. Director D. ADDRESS Soll Fig. 14D. 14D.	IN CERTIFYING CAI IF IN BOITIMORY IJURY OCCUR? IP 72 to Sthat In (my) (our) aplr Shaff Phys. LOCATION (Cit	City, give exoct location) 1972 Ion death occurred on the date
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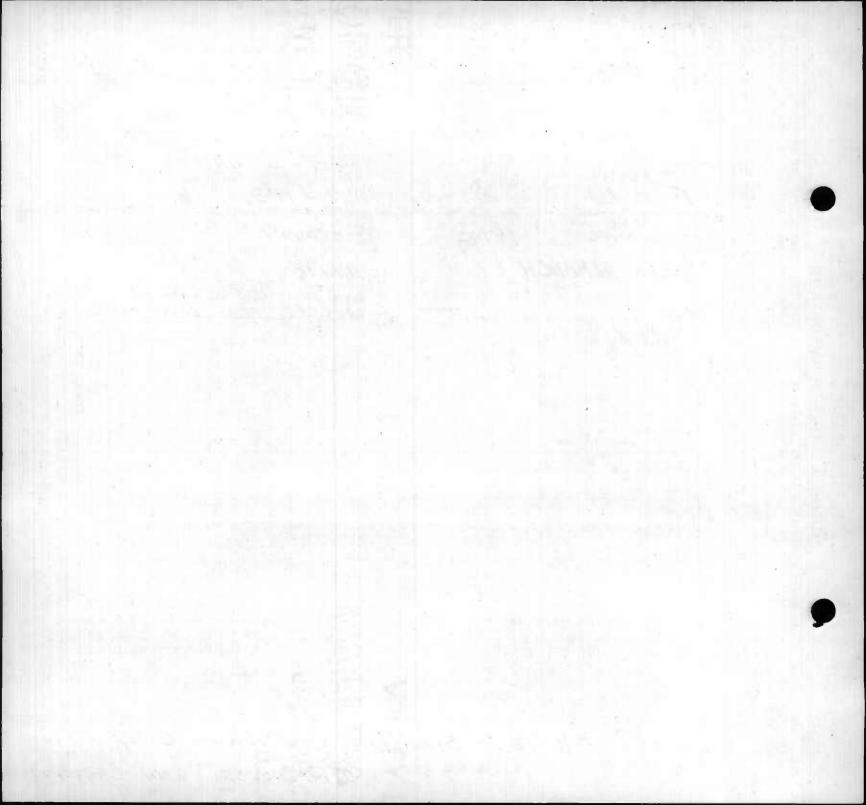
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FUNERAL DIRECTOR: IMPORTANT

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	11 4021 (4000	BALTIMORE CITY	HEALTH DEPARTMENT		12 64106			
	V-425 = U4186 (W)	TTS CERTIFICA	TE OF DEATH	REG. NO				
	TH NO.	113) CERTITO		D HOUR OF DEATH				
	pe or Print) MAGDALENA	NILSSON	2. DATE AN	1V 7 197	7. 1845 A.			
3	PLACE IN BALTIMORE, MARYLAND, WHERE PRO		4. USUAL RESIDENCE (When	e deceased lived. Il institu	ntion: residence before odmission)			
1	TEACE IN BARILONS, WHERE IN	ארט שוויט שנייט	A. STATE B. COUN	TY	201			
FU	LL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)	ISTITUTION, GIVE STREET	Md.		301			
IN		C. CITY OR TOWN		CITY LIMITS?				
1	Church Home	LHOSPILAL	BALTO.	YE	S NO L			
	3.5	/	E. STREET AND NUMBER	DALLAS	ST.			
			418 5.					
S. S	F 6. RACE 7. MARE WIDON	NED NEVER MARRIED DIVORCED DIVORCED	MAY 4, 1903	9. AGE (In years last birthdoy) 69 M	Under 1 Yr. II Under 24 Hrs. onths Doys Hours Min.			
	USUAL OCCUPATION (Give kind of work 10B. KIN during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or lorei	gn country) 1	2. CITIZEN OF WHAT COUNTRY?			
don	HOUSEWIFE /	one.	GERMANY		U.S.A.			
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAM	ΛE	01.0			
	JOSEPH ALHBACH		MARIE	er.				
1S. (Ye	Was Deceased Ever in U. S. Armed Forces? s,no or unknown) (il yes, give wor or dotes of serv	16. SOCIAL SECURITY NO.		13 ELSING K				
-	11B	CAUSE OF DEAT		T.1- BALTO.	APPROXIMATE INTERVAL			
	4 36 0	CAUSE OF DEATH			BETWEEN ONSET AND DEATH			
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		CIA		26			
	(This does not mean the mode of dying,		A CONSEQUENCE OF:					
	heart failure, asthenia, etc. It means the dise injury or camplication which caused death,)	ase,						
	ANTECEDENT CAUSES	Hills	11		16 412			
	DISEASES OR CONDITIONS, if any, gi	ving DUE TO, OR AS	A CONSEQUENCE OF:					
	rise to the above cause (A) stating		011	0	12 10			
	UNDERLYING CONDITION last.	(c) 41/1/	in Action	Lister	()			
z	11							
ATIO	OTHER SIGNIFICANT CONDITIONS CONTRIBUTI							
10	DISEASE OR CONDITION GIVEN IN PART 1 (A).	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No	20B. IF YES, WERE FINE	DINGS CONSIDERED			
ERTIF	WAS PERFORMED			IN CERTIFYING CAUSE	S OF DEATH?			
CE	21 A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g., i	n or obout 21 C. WHERE DID	(If in Boltimore Ci	ity, give exact location)			
AL.	OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet)	home, form, foctory, street, of	tice bldg., INJURY OCCUR?					
100	21D. TIME (Month) (Doy) (Year) (Hour)	21E, INJURY OCCURRED	21F. HOW DID INJ	LIPY OCCUP?				
ME	OF INJURY	While At Not While		OKI OCCOK.				
	(APPROX.)	Work At Work						
	22. I certify that (1) (this hospital) attend	ed the deceased from	2	1945 10 5	7/72 19			
	that (1) (we) last sow the deceased alive	on 576	19ond the	ot in (my) (our) opinia	n death occurred on the date			
	and hour and from the couses stated above	e. (1) (We) (did) (did not) v						
	23A. SIGNATURE							
	Attending Med. Stoff Director Phys.							
	23C. PHYSICIAN'S	DEGREE	23D. ADDRESS	111/3.	3/0//			
	NAME (Type)		144. 6	Q1L	011 111			
244	A. BURIAL CREMATION, 24B. DATE 24	C. NAME OF CEMETERY OF CRI	EMATORY 24D W	OCATION (City)	lown, or county) (State)			
247	REMOVAL (Specify)	j. HAINE OF CENTETERS OF CRI	240. [1	1 County (Store)			
1	BURIAL 5-10-72	ST. STANIS/A	145 Cem /2	ALTO. CI.	-y // / / .			
25/	A. DATE REC'D BY HEALTH DEPT, 25B. NA		25C. FUNERAL DIRECTOR	1-1-	ADDRESS			
	MAI 11 19/2 00000 10 4	IDEN ACA. C	Q-FUALKON	SKI 2001	CASTERN			
VS	150-REV. 1/1/6B							



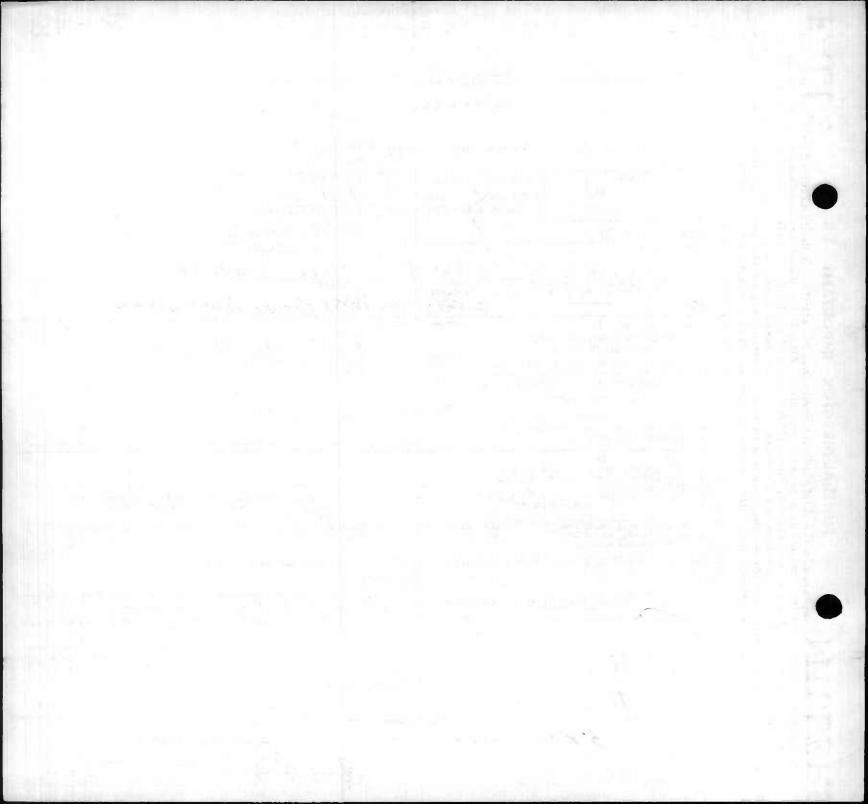
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1/	e milion	4.4.5.100	BALTIMORE CIT	Y HEALTH DEPARTMENT		
H-536	6 72 0	1487	CERTIFICA	TE OF DEATH	REG. NO	A 7 7 4 4 5 -
BIRTH NO.	ECTATED		CERTIFICA	In.		16 64 501
Type or Printly	enderson, Vern	on H			AND HOUR OF DEAT	н
	ALTIMORE MARTLAND		UNICED DEAD	5-7-	72	institution: residence before admiss
or reade in a	ALIMONG MARIEAND, 1	WHERE PRONU	UNCED DEAD	A. STATE B. COL	INTY	institution: residence before admiss
FULL NAME O	OF (IF NOT IN HOSPI	TAL OR INSTIT	UTION, GIVE STREET	Maryland	Baltimore	2149
full NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) Mercy Hospital			C. CITY OR TOWN	D. IN	ISIDE CITY LIMITS?	
- 0	merch moshres	L_L		Baltimore		YES 🔀 NO 🗌
31				E. STREET AND NUMBER		
				1620 ColdSpr		
male	white	WIDOWED		11-30-08	9. AGE (In years last birthday)	Manths Days Haus Min
OA, USUAL OC	CUPATION (Give kind of wor of working life, even if retired)	108 KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or to	reign country)	12. CITIZEN OF WHAT COUN
Machini				Baltimore, M	d	U.S.A.
3. FATHER'S N				14. MOTHER'S MAIDEN N	AME	
Harmr 1	M. Henderson					
		77.79	117 200111	Ima LLovd		
res, na ar unknov	ed Ever in U. S. Armed Fo wn) (I yes, give war or date	es of service)	SECURITY NO.	17. INFORMANT		ADDRESS
No			Yes	Theolosia Her	nderson - S	ame
18. 1/ 2	3191		CAUSE OF DEAT	H		APPROXIMATE INTERVA
UNDERLYIN	ihe above cause (A) NG CONDITION last.	NTRIBUTING	(C)	A CONSEQUENCE OF:		
C DISEASE OR	ATH BUT NOT RELATED TO T CONDITION GIVEN IN PAI	T I (A).	***************************************		***************************************	
OTHER SIGN TO THE DE. DISEASE OR 19A. DATE OF	OF OPERATION 198, CONWAS PER	DITION FOR	WHICH OPERATION	20A. AUTOPSYT (Yes of	208, IF YES, WER	E FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTRI	ENT WAS UNDERLYING BUTING CAUSE OF	218 hom etc.	ie, form, foctory, street, o	in at about 21 C. WHERE DID lifice bidg., INJURY OCCUR?	(If In Boltim	are City, give exact location)
21D. TIME OF INJURY	(Month) (Doy) (Year)	(Hous) 21E	INJURY OCCURRED	21F. HOW DID IN	IJURY OCCUR?	
IAPPROXI		Wh	ile At Not While			
22. 1	fy that (1) (this hospita			may 6	19 72 to	May 7 19 7
			May 7	1 4		7
	e) last sow the decease					oinlan death occurred on the d
		ted above. (1) (We) (did) (did not) v	view the bady after death	•	
23A. SIGNAT	a		UN			23R DATE SIGNED
	Lamo +.	your	DEGREE Phy	ending Med. Director	Staff Phys.	May 7,1972
23C. PHYSIC	(Type)			23D. ADDRESS		/
	N. F. Juaquin	ND		Meren Ho	SDITAL	ST. P. ICT RILH
A. SURIAL CI	REMATION, 248, DATE	24C. N	AME at CEMETERY of CR		LOCATION	City, town, or county) (State)
REMOVAL			estlawn Cem			
Buria				25C. FUNERAL DIRECTO	ltimore, M	aryland
MAY 11	1972 Little Ball	August 1	7 0 0			
150-REV. 1/1	1/40	7 1	20	Hrmacost F	uneral Chap	pel-4600Liberty H
2 1 JV=TVE Va 1/	1740					

ol. S-so-ts Seastern January

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

1	1 100				BALTIMORE CITY	HEALTH DEPARTM	ENT		Uny,	0 0 1
)-620 RTH NO.		72 04	488	CERTIFICA	TE OF DEA	TH	REG. NO.	11	2 04488
	Pe at Print)	DORS	EY	NO	RMAN		5	HOUR OF DEATH	121	10.20 Am
3.	PLACE IN BALT	IMORE, MA	RYLAND, WHER	E PRONOU	NCED DEAD	4. USUAL RESIDENCE	CE Where	deceased lived, If in	stitution: resid	ence before admission)
H	ILL NAME OF OSPITAL OR STITUTION	(IF NOT	IN HOSPITAL (OR INSTITU IN)	TION, GIVE STREET	MARYLA C. CITY OR TOWN.		D. INS	MOR SITY LIMIT	9-1
T	THE UN	Noice	Medo	eial	HOSPITAL.	E. STREET AND NU	MBER		YES X	по 🗆
5. 7	SEX	6. RACE	17					ON AUE		229.
	M	N	V . W	DOWED		8. DATE OF BIRTH	4	ost birthdoyl	If Under 1 Months Do	Yr. If Under 24 Hrs. Haurs Min.
don	HOUSUAL OCCU	PATION (Give rorking life, eve	kind of work 108, on if retired)	KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State	e or foreig	in country!	12. CITIZEN	OF WHAT COUNTRY?
	RETT				(MARY	LAA	VD.	U	SA.
13.	FATHER'S NAM	NE .				14 MOTHER'S MAIL	DEN NAM	NE .		
	CORN	IELIU	us v	1. Do	ORSEY.	17:11	11	IARTHA	4	
15. (Ye:	Was Deceased s, no or unknown)	Ever in U. S.	Armed Forces?	servicet	6. SOCIAL SECURITY NO.	17. INFORMANT	1	(/////		DDRESS
	NO			- 1	215-03-9894	LEROY DOI	RSEY	1201 Ha	46 8 T	
	18.431	91			CAUSE OF DEAT		,,-,		I A	PPROXIMATE INTERVAL
	DISEASE	OR COND	ITION DIRECT	TLY			0.4.	11		VEEN ONSET AND DEATH
	CARLO SECURIOR SECURIOR SE	LEADING TO	mode of dyis		(A) IMMEDIATE CAL		12AC	HEMORA	CHAGE	
	heort failure, c	sthenia, etc.	. It means the	diseose,	DUE TO, OR AS	A CONSEQUENCE OF:				
	1		ch coused dea	mJ						
	1	NTECEDENT			(B)	-	********	·	*********	
	rise to the	apove co	ONS, if any, ouse (A) state	giving ting the	DUE 10, OR AS	A CONSEQUENCE OF	•			
	UNDERLYING	CONDITIO	N lost,		(c)					
7		- 11								
TIOL	OTHER SIGNIFIC TO THE DEATH	BUTNOTRE	LATED TO THE TE	RMINAL						
S	DISEASE OR CO	NOTION GIV	VEN IN PART 1 (A).	HICH OPERATION	20A. AUTOPSY? (Ye	s or No)	208. IF YES, WERE I	FINDINGS CO.	NSIDERED
CERTIFICATION	2		WAS PERFORA	VED		YEC	, .	IN CERTIFYING CAL	USES OF DEA	TH?
MEDICAL CI	21A ACCIDENT OR CONTRIBUT DEATH (notify r	T WAS UND ING CAU medicol exom	ERLYING SE OF	21 8, P home, etc.)	LACE OF INJURY le.g., in farm, factory, street, of	or about 21 C. WHERE	DID CUR?	(II in Boltimore	e City, give ex	act location)
4EDI	21 D. TIME ((Month) IDo	y) (Yeor) IH	200	NJURY OCCURRED	21 F. HOW D	DINI DIC	RY OCCUR?		
2	IAPPROXI			While Work	At Work	' 🗆 📗				
	22. I certify t	hat (1) (this	s hospital) at	tended the	deceosed from	5/5	/ 19	72 10 5	16	1 1072
	thot (1) (we) 1				5/6/	19.72	ond that	in (my) (out) opir	nion death o	ccurred on the dote
			uses stoted o	bove. (1)	(We) (did) (did not) v	iew the body ofter o	deoth.			
	23A. SIGNATUR	LD.	1						23 B. DATE SI	GNED
	Jul	WHE	to pur	2	DEGREE Phys	ding Med.	, D 5	hys.	5	6/72
	23C.PHTSIGIAN NAME ITYS	Juci	io A. I) EJ0	M.D.	THE UNI	ON	MEMORI	AL H	OSPITAL
24 A	BURIAL CREM	ATION, 24B	DATE	24C. NA	ME of CEMETERY OF GRE	MATORY	24D. 10		y, lown, or co	unty) (Statet
1	BURIAL	deliyi	7/9/72	60	EN HAVEN			EN BURNI	the time in	
-	MAY 11	Y HEALTH	DEPT. 258.	NAME OF	REGISTRAR	25C, EUNERAL DI		eth 32		ADDRESS
/S	150-REV. 1/1/68	10/100		3 6	Em Ch	1	1 3	36/1	and	-01100,



(4) Undetermined cause; (5) Deceased of death Suc 60 hospital death. attendance or contributing cause 0 Ë prior occurred regular mad deceased 2 disposition = Was direct the assistant if death FO kind; final attendance fracture of any pronounced OF embalmed examiner regular who Gre 4 3 = physician before the remains the chief medical Was burns; No physician (2) Body where the to the hospital any nature; by obtained 9 approved (except and death); 99 hospital An accident of was released must 0 approval 0 prior at D.O.A. pespese the body written shows: Mas 0

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO I. NAME OF DECEASED 2, DATE AND HOUR OF DEATH (Type or Print) TREFFINGER, OTTO CHRISTIAN 8 3:00 MAY 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A, STATE

B, COUNTY 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD MARYLAND BALTIMORE FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C. CITY OR TOWN D. INSIDE CITY LIMITS? HALETHORPE AGNES HOSPITAL XXXXXXXXXX YES T KKON E. STREET AND NUMBER 1942 BELL AVENUE 5. SEX 8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 His. Hours : Min. NEVER MARRIED Doys Hours MALE WIDOWED DIVORCED 07/21/87 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole of foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) XXXXXXX Collector U.S 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME TREFFINGER JOHN ROS TENA WINAT 15. Was Decoased Ever in U. S. Armed Forces 6. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. BALTO 21229 MD No 3-5553 CATON & WILKENS AGNE 51 R CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, DUE TO, OR AS A CONSEQUENCE OF: injury or camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION lost CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A DATE OF OFERATION 19% CONDITION FOR WHICH OPERATION 20A-AUTOPSY? (Ves or No.) 20R. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS FERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21& PLACE OF INJURY (e.g., in or about 21 C. WHERE DID home, farm, factory, street, office bidg., INJURY OCCUR? (If In Boltimore City, give exact location) MEDICAL DEATH (notify medical examined) (Month) (Doy) (Year) (Hout 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY Not While While At (APPROX) Work 22. I certify that MK(this hospital) attended the deceased from ond that in (hy) (our) opinion dooth occurred on the dote that (())(we) last sow the deceased alive on (Ne) (Nei) (Nex) view the body after death. and hour and from the couses stated above. (1) 23A. SIGNATUAL 238, DATE SIGNED Attending [Med. 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type) OEGREE 24A. BURIAL CREMATION, 24B. DAVE 24C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) REMOVAL (Specify) 5-10-1972 Burial Loudon Park Cemetery Baltimore, Maryland 25A. DATE REC'D BY HEALTH DEPT. 25C. FUNERAL DIRECTOR ADDRESS Howard H. Hubbard, 4107 Wilkens Ave 21229 VS 150-REV. 1/1/68

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MA	
1.14	

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. IMPORTANT FUNERAL DIRECTOR:

	D-320 72 04490		TE OF DEATH	REG. NO	72 (4490	
1.	MH NO. NAME OF DECEASED (pe of Print) DEITZ, A	NNIE MARION	2. DATE AN	10 HOUR OF DEATH	1:50	Ρ
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PR	ONO UN CED DEAD	4. USUAL RESIDENCE (Whe	re deceased lived. If in		mission)
H	ILL NAME OF (IF NOY IN HOSPIYAL OR IN ADDRESS OR LOCATION) STITUTION	STITUTION, GIVE STREET	MARYLAND c. CITY OR TOWN	BA LT I MORE	IDE CITY LIMITS?	00
1	to ST. AGNES HOSPIT	A L	BALTIMORE E. STREET AND NUMBER		YES NO NO	
11	SEX 6. RACE 7. MARS	DED NEVER MARRIED		9. AGE (In years last birthday)	21228 III Under 1 Yr. If Under Manths; Doys Haurs;	
11	EMALE CAUCASIAN WIDON	VED DIVORCED	03/11/02	03		
do	ne during most of working life, even it retired)	J. Pickey		ign country)	12. CITIZEN OF WHAT CO	DUNTRY
	FATHER'S NAME	· C. MICKEY	MARYLAND 14. MOTHER'S MAIDEN NAM	ME	I U S A	
	PHILIP DEITZ		MARGARET A	MENT		
15.	Was Deceased Ever in U. S. Armed Forces? s,no or unknown) (If yes, give war or dates of servi	16. SOCIAL SECURITY NO. 220 20 0402	CATON AVES.,	BALTIMORE	,MD. 27229	
-	16. 77. 70 95.4 260 9	CAUSE OF DEATI	ST AGNES HOS	PITAL REC	URDS WILKENS	E
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	autero	systal M. I		BETWEEN ONSET AN	
	(This does not mean the mode of dying, heart failure, asthenia, etc. It means the dise injury or complication which caused death.)	e.g., DUE TO, OR AS	A CONSEQUENCE OF:	**************		
	ANTECEDENT CAUSES	ASC	110 -			
	DISEASES OR CONDITIONS, if any, gines to the above cause (A) stating UNDERLYING CONDITION last,	ring DUE TO, OR AS the (C)	A CONSEQUENCE OF:	***************************************		100 00 01
TION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMINATION OF THE TERMINATION	vg / / / / /	betes luce	litus -		
ERTIFICATION	DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19B CONDITION F WAS PERFORMED	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No.	208, IF YES, WERE	FINDINGS CONSIDERED USES OF DEATH?	
CALC	21A ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examined	21& PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	n ar about 21C, WHERE DID	(If In Baltimor	e City, give exact lacotion)	
MEDI	21D. YIME (Month) (Doy) (Yeon) (Hour) (APPROX.)	21E INJURY OCCURRED While At Not While Work At Work	21F. HOW DID INJ	URY OCCUR?		
	22. I certify that (1) (this haspital) attended	11000		9 72 10 MAY	5, 19	72
	that (f) (we) fast sow the deceased alive		19/ and the	ot in (my) (our) opin	nion dooth occurred on th	he dote
	and hour and from the causes stated above	. (f) (We) (did) (did Adt) v	lew the body after dooth.		23B, DATE SIGNED	
	A SULLO	OLL DEGREE Phys	nding Med.	Stoff Phys.	16a # 7 000	
	23C. HYSICIANS WAME (Type) SAN PEDRO	ALOKEE .	St. Agnes Hos		1 May 5,1976	
24	A. BURIAL CREMATION, 248, DATE 240 REMOVAL (Specily)	DEGREE C. NAME OF CEMETERY OF CRE			y, tawn, or county) IS	State)
0.5	burial 5/8/72			licott City		
25	MAY 1 1 1972 Robert 258 NAM	AE OF REGISTRAR	25C. FUNERAL DIRECTOR		ott City, Md. 21	.043
VS	150-REV. 1/1/6B					

Company of the Compan

72 04491 BALTIMORE CITY HEALTH DEPARTMENT

K-200 MEDICAL	L EXAMINER'S	CERTIFICATE OF DEATH REG. NO.	72 0,491
I. NAME OF DECEASED (Type or Print) Dorthy Minnie R	ichev	2. DATE Known XXX Month Doy OF 5	Year Hour
4. PLACE IN BALTIMORE, MARYLAND, WHERE P	RONOUNCED DEAD	3. DATE Month Doy	Year Hour
HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION		5 5	72 2:20 a. M.
1820 N. Charles		A. STATE Md. B. COUNTY	1205
fomalo Libita	RIED X NEVER MARRIED A	Balto.	
9. DATE OF BIRTH 10. AGE (in years	If Under 1 Yr. If Under 24 Hrs. Months Doys Haurs Min.	E. STREET AND NUMBER 1820 N. Charles St.	ES K NO L
Apr. 12, 1930 42" 11. BIRTHPLACE(State or foreign country)	12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME	
North (arolina 14A.USUAL OCCUPATION (Give kind of work) 14B. KINI	O OF BUSINESS OR INDUSTRY	Archie Davis	
done during most of working life, even 11 retired) Seamstress	lothing	Peral Brit	
ió. WAS DECEASED EVER IN U.S. ARMED FORCE (Yes, na or unknown) (Il yes, give war or dates of service		Elbert Richey Baltimore	harles Street
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meon the mode of dying, e.g., heart iailure, osthenia, etc. it meons the disease, injury or camplication which caused deoth.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTE TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A) 20A. DATE OF OPERATION 208. CONDITION	(A) IMMEDIATE CONTROL OF A	monia with empyema AUSE AS A CONSEQUENCE OF: AS A CONSEQUENCE OF:	
TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A)	INAL	AS PERFORMED	21. AUTOPSY? (Yes or No)
- 4			yes
22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIB- UTING ☐ CAUSE OF DEATH.	22B.PLACE OF INJURY(e.g., home, larm, loctary, street, affice	in or about 22C. WHERE DID (If in Boltimore City, give exception, etc.)	act location)
Z 22D. TIME (Month) (Doy) (Year) (Hou OF INJURY (APPROX.)		WHILE ORK 22F. HOW DID INJURY OCCUR?	
l certify that I held an Inquiry resulted from: Natural couses of ACTUAL SIGNATURE EXAMINER'S NAME (Type) 24A. BURIAL CREMATION, REMOVAL (Specify) Burial 5-10-72	Solicident Suicid	CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER OF CREMATORY 24D. LOCATION (City, town	DATE SIGNED 5/5/72 n, or county) (State)
25A. DATE REC'D BY HEALTH DEPT. 258. A PART 1 1972	JAME OF REGISTRAR	25C. FUNERAL DIRECTOR 130 McCully Funeral Home Bal	Cast Fort Avenue timore, Md. 2123

1120, 12, 1930 Supply and some in their the beautiful the said and ARTON CONTRACTOR the receipt amount of the contract of the cont

IMPORTANT FUNERAL DIRECTOR:

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased death. Such a hospital and attendance on the prior to occurred in in regular deceased prior to death); and (6) No physician was in regular attendance on the deceased written approval must be obtained before the remains are embalmed or final disposition is man the chief medical examiner or his assistant if death Was was D.O.A. at a hospital (except where the physician who pronounced death approved by This certificate must be

T-460 72 044		Y HEALTH DEPARTMENT	REG. NO.	2 04492
1. NAME OF DECEASED	, /		D HOUR OF DEATH	
3. PLACE IN BALTIMORE MARYLAND, WHERE	PRONOUNCED DEAD	4. USUAL RESIDENCE (When	e deceased lived. It in this	M 5 OUP M
FULL NAME OF (IF NOT IN HOSPITAL OF ADDRESS OR LOCATION	INSTITUTION, GIVE STREET	Maryana C. CITY ORTOWN		1902 CITY LIMITS?
University of Mary	and Hospital	Baltimo E. STREET AND NUMBER		NO D
5. SEX 6. RACE 17. aa		112 S. Care		
M WIE	ARRIED NEVER MARRIED DIVORCED DIVORCED	6/22/06	65 XXXX	Under 1 Yr. If Under 24 Hrs. onths Doys Hours Min.
done during most of working life, even if retired)	ind of Business or Industri nisher / rniture			2. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	realina	01017
Eller, Hugh		Mary	AND John	son
15. Was Deceased Ever in U. S. Armed Forces? (Yes no or unknown) (If yos, give wor or dotes of s	16. SOCIAL SECURITY NO. 227-716-170	B LUCY M. Elle	er 112 South	ADDRESS 21223 Carey Street
DISEASE OR CONDITION DIRECTL LEADING TO DEATH (This does not mean the made of dying	CAUSE OF DEAT	_	5·V	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(This does not mean the made of dying heart loilure, asthenia, etc. It means the d injury ar camplication which caused death	DUE TO, OR AS	A CONSEQUENCE OF:		***************************************
ANTECEDENT CAUSES	(B) Chroni	a consequence of:	vinung disas	el yours
DISEASES OR CONDITIONS, if any, rise to the above cause (A) statin UNDERLYING CONDITION lost.	giving DUE TO, OR AS g the (C)	A CONSEQUENCE OF:	***************************************	**************************************
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A)	AINAL			
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORME	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	208, IF YES, WERE FIND IN CERTIFYING CAUSES	INGS CONSIDERED
OR CONTRIBUTING CAUSE OF DEATH (notify medical examined) 21D. TIME (Month) (Day) (Year) (Hou	218 PLACE OF INJURY (e.g., i home, form, loctory, street, of otc.)	n or obout 21 C. WHERE DID fice bldg., INJURY OCCUR?	(if In Boltimore Cit	y, give exoct locotion)
21D.TIME (Month) (Doy) (Yeor) (House of INJURY (APPROX.)	While At Not While Work At Work	21F. HOW DID INJU	RY OCCUR?	
22. I certify that (1) (this hospital) atte	e on May 5	19 2 and the	9tatin(my) (aur) apinian	deoth accurred an the date
and hour and fram the causes stated ab	ve. (I) (We) (dld) (dld not) v	lew the body after death.	1228	DATE SIGNED

Attending Phys. Med. Director Staff Phys. 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS 24C. NAME of CEMETERY OF CREMATORY 24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24D. LOCATION town, or county! 25A. DATE REC'D BY HEALTH DEPT.

MAY 1 1 1972

(5 150 2 Cedar Hill Cemetery Arundel Anne Co., Maryland 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR Walters Fuheral Home Pratt&Stricker VS 150-REV. 1/1/68 Streets 2122

So would't a distance the Parter of

Maria Carlo La La Carlo La Car

Cedar Hill Cemetery

25C. FUNERAL DIRECTOR
Walters Fun

25B. NAME OF REGISTRAR

Anne Arundel Co., Md.

Funeral Home Pratt&Strick

ADDRESS

Streets 21223

REMOVAL (Specify)

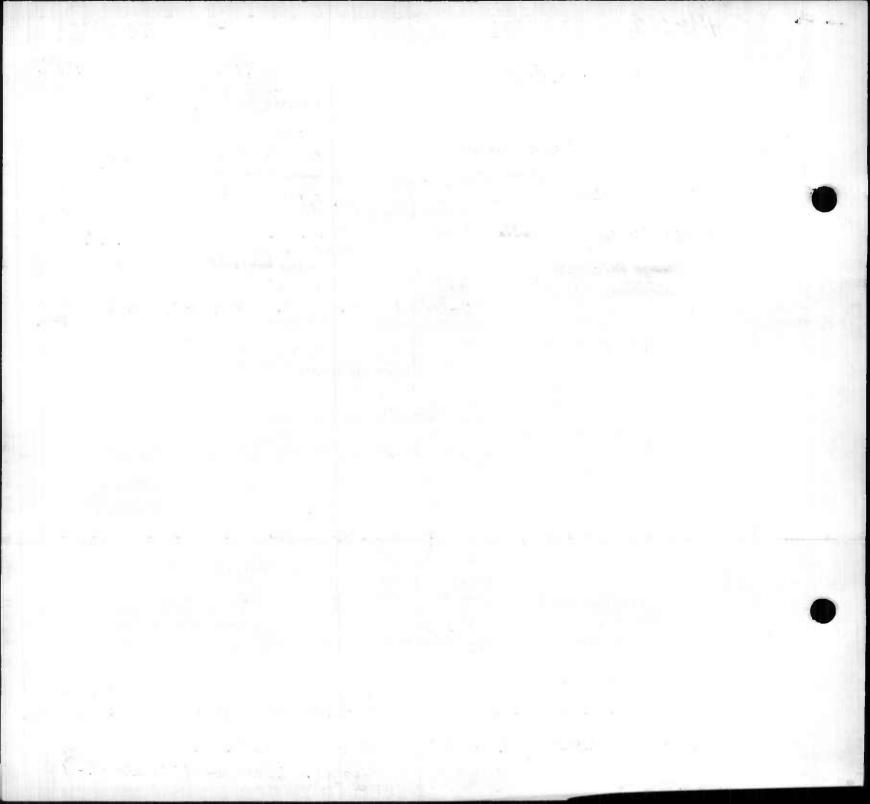
25A. DATE REC'D BY HEALTH DEPT.

Burial

VS 151-REV. 1/1/6B

F 81.15.3 the self to see to more the verse the self-interest

(1)	NAME OF DECI	losen S.	laich	nzak	CERTIFICA	2. DATE	AND HOUR OF DEAT	тн 9:30 / 1
FIE	PLACE IN BALT	(IF NOT IT ADDRESS	HOSMTAL	OR INSTITUTION)	UTION, GIVE STREET	4. USUAL RESIDENCE IN A. STATE B. CO anyland C. CITY OR TOWN	Vhore deceased lived. If	NSIDE CITY LIMITS? YES NO
5.	SEX	6. RACE	7.		NEVER MARRIED	E. STREET AND NUMBER 5055 Sent	19. AGE (In years last birthday)	Avenue-21206 H Under 1 Yr. If Under 24 Months; Days Hours; Mir
10/	ale LUSUAL OCCU during most of w ervice S	PATION (Give ki	ind of work 101			Paro 5, 1905 11. BIRTHPLACE (State or Balto. 17)	oreign country)	12. CITIZEN OF WHAT COUN
13.	FATHER'S NAM Georg	ie rajch	rzak			14. MOTHER'S MAIDEN !	IAME Rozinski	U.S.A.
(Ye	Was Decaased s, no or unknown)	Ever in U. S. A	or ar dotes o	service)	16. SOCIAL SECURITY NO. 218-32-4261 CAUSE OF DEAT		hajchrzak-5	ADDRESS 855 Benton Height.
	DISEASES OF	abave caus	VS, if any,	, giving	(B) DUE TO, OR AS	A CONSEQUENCE OF:		34v
NOLL	OTHER SIGNIFIC	ANT CONDITIO	ONS CONTR	EDMINIAL	(c)	ufu The	Lacture	Terlane
RTIFICATIO	OTHER SIGNIFIC TO THE DEATH DISEASE OR CO	ANT CONDITION BUT NOT RELANDITION GIVEN	ONS CONTR TED TO THE TI N IN PART T 98. CONDITIONAL PERFORMA	ERMINAL (A). ON FOR W	HICH OPERATION	Person The	No) 20B. IF YES, WERE IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?
MEDICAL CERTIFICATIO	OTHER SIGNIFIC TO THE DEATH DISEASE OR CO 19-A-DATE OF CO 21-A-A-CCIDENT OR CONTRIBUTI DEATH Indiffy in 21 D. TIME OF INJURY IAPPROX.)	CANT CONDITION BUT NOT RELA NDITION GIVE DPERATION WAS UNDER INO CAUSE nedicol examine Month) (Doy)	ONS CONTR TED TO THE TI N IN PART 1 N IN PART 1 VAS PERFORM LYINO OF (Yeor) (H	ERMINAL (A). ON FOR WALL ALL ALL ALL ALL ALL ALL ALL	PLACE OF INJURY (e.g., (i., lorm, loctory, street, of INJURY OCCURRED At Work	20A. AUTOPSY? (Yes 6) n or oboul 21C. WHERE DID fice bidg., INJURY OCCUR?	No. 208, IF YES, WERE IN CERTIFYING C	serequery.
MEDICAL CERTIFICATIO	OTHER SIGNIFIC TO THE DEATH DISEASE OR CO 19A-DATE OF C 21A. ACCIDENT OR CONTRIBUTI DEATH Inadify in 21D. TIME OF INJURY IAPPROX.) 22. I certify the	CANT CONDITION BUT NOT RELA NDITION GIVE DPERATION WAS UNDER INO CAUSE nedicol exemine Month) (Doy) at (1) (this h	ONS CONTR TED TO THE TI N IN PART 1 9R. CONDITI VAS PERFORM LYINO OF (Year) (H	ERMINAL (A). ON FOR W MED 21 B. home etc.) out) 21 E. Whill Wark tended the	PLACE OF INJURY (e.g., (i.e., lorm, loctory, street, of INJURY OCCURRED At Work At	20A. AUTOPSY? (Ves or nor obout 21C. WHERE DID included bidg., INJURY OCCUR? 21F. HOW DID II	No. 208, IF YES, WERE IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?
MEDICAL CERTIFICATIO	OTHER SIGNIFIC TO THE DEATH DISEASE OR CO 19A-DATE OF CO	CANT CONDITION BUT NOT RELA NDITION GIVE DPERATION WAS UNDER INO CAUSE nedicol exemine Month) (Doy) at (I) (this h dram the cause e) D B . Kr	ONS CONTR TED TO THE TI N IN PART 1 PR. CONDITION VAS PERFORM (Year) (H Ospital) at leceased al less stated (ERMINAL (A). ON FOR WALL OUT 21 E, Whill Wark tended the live an abave. (I) M. D.	HIGH OPERATION PLACE OF INJURY (e.g., (i., lorm, lociory, street, of INJURY OCCURRED At Work a deceased from (We) Idid) (did not) v DEGREE Phys	20A. AUTOPSY? IVES 67 20A. AUTOPSY? IVES 67 n or obout 21C. WHERE DID fice bidg., INJURY OCCUR? 21F. HOW DID II 21F. HOW DID III 21F. HOW D	No. 208, IF YES, WERE IN CERTIFYING C (II In Boltima NJURY OCCUR? 19 36 to that In (my) (our) op Shoff Phys. Building	E FINDINGS CONSIDERED AUSES OF DEATH? ore City, give exact location) 192



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kind;

IMPORTANT

FUNERAL DIRECTOR:

BIRTH NO.

I. NAME OF DECEASED

72 04495

MyrtLe L. Page

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

REG. NO.	70 0 4 4 2 2 2
	12 04195
HOUR OF DEATH	120

(Type or Print)	NYRTLE PAGE
3. PLACE IN BALTIM	ORE MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF	(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)

USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) MARYLAND BALTIMORE C. CITY OR TOWN BALTIMOR Dundalk

2. DATE AND

D. INSIDE CITY LIMITS? YES X NO

BALTIMORE CITY HOSPITALS

E. STREET AND NUMBER

RD. 21222 FAIRGREEN

1+2

5,	SEX	6. RACE	7- MARRIED
	Female	Caugasian	WIDOWED

done during mast of working life, even if retired?

NEVER MARRIED DIVORCED X

9. AGE Un years 10-2-06 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)

Maryland

If Under 24 Hrs. If Under 1 Yr. Months: Doys Hours 12. CITIZEN OF WHAT COUNTRY?

U.S.A.

M.

Housewife 13. FATHER'S NAME

No

4. MOTHER'S MAIDEN NAME

Mary E. Stroh

TERIOR MYOCARDIAL INFARCT

Charles F. Sapp 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)

SECURITY NO. 213-03-3373

CAUSE OF DEATH

17. INFORMANT BCH-Records 4940 Eastern Avenue Baltimore, Maryland

DISEASE OR CONDITION DIRECTLY

LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or camplication which caused deoth.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving to the above cause (A) stating the UNDERLYING CONDITION lost

DUE TO, OR AS A CONSEQUENCE OF

(B) Severe Congestive HEART FAILURE
DUE TO, OR AS A CONSEQUENCE OF:

10 days

COH ASCUD

7 YEars

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

TIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART ((A). 19A. DATE OF OPERATION 19R CONDITION FOR WHICH OPERATION

Maried exogenous obesity

20 A- AUTOPSY? (Yes or No.) 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 25

4.0	17				
5	21A. ACCIDE	NT WAS	UNDE	RLYING	r
4	OR CONTRIB	JING	CAUS	EOF	proper l
3	21A. ACCIDE OR CONTRISE DEATH (notify	medical	exami	ned	
9					

218. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? 21E INJURY OCCURRED

(II in Báltimore City, give exact location)

MEDI (Month) (Doy) (Year) OF INJURY (APPROX)

(Hous) While At [Work

WAS PERFORMED

22. I certify that (1) (this hospital) attended the deceased from

Not While At Work

21 F. HOW DID INJURY OCCUR?

19 72 10

1972

that (1) (wa) last saw the deceased alive on

1972

23D. ADDRESS

and that in (my) (our) apinion death occurred an the date

and haur and from the causes stated above. (1) (We) (did) (did not) view the body after death. 23A. SIGNATURE

Attending [Phys.

Med. Director

Baltimore, Maryland 21224

4940 Eastern Avenue

23B. DATE SIGNED

24A. BURIAL CREMATION.

or CREMATORY

Gardens of Faith

24D. LOCATION (City, town, or county)

Baltimore, Maryland

Burial 5-9-72 25A. DATE REC'D BY HEALTH DEPT.

258. NAME OF REGISTRAR

25C. FUNERAL DIRECTOR

ADDRESS

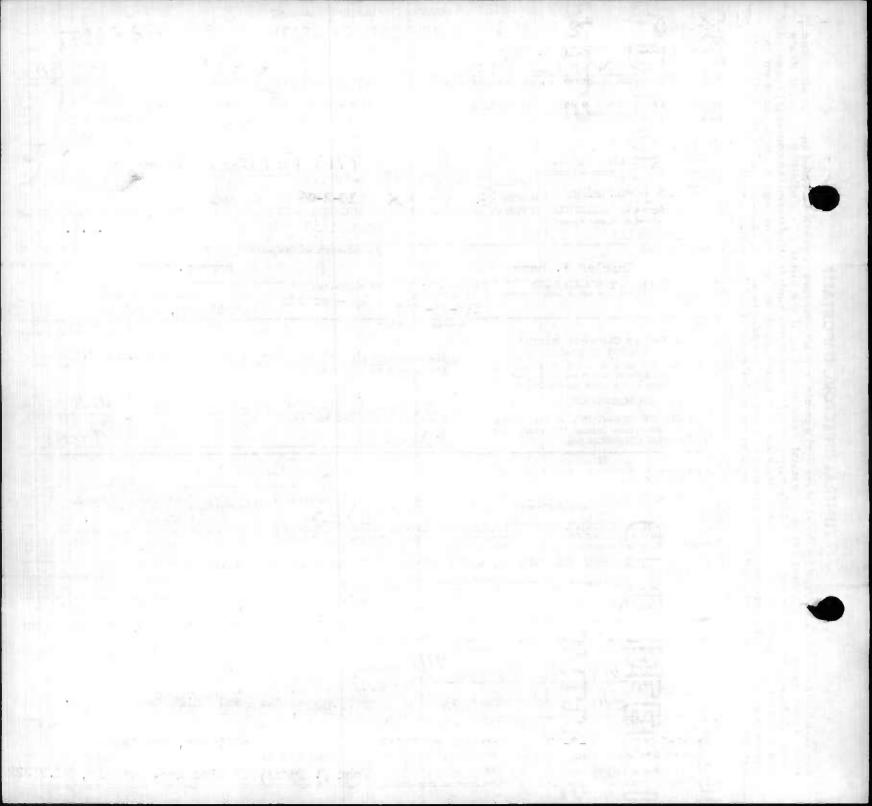
VS 150-REV. 1/1/68

fracture of any pronounced embalmed regular who are 5 physician obtained before the remains the chief medical Was modical burns physician where the 2 the hospital No nature; 9 pevo (except death); and any 99 of hospital released must An accident 0 written approval 0 prior Was at D.O.A. deceased the body shows: MOS

REMOVAL (Specify)

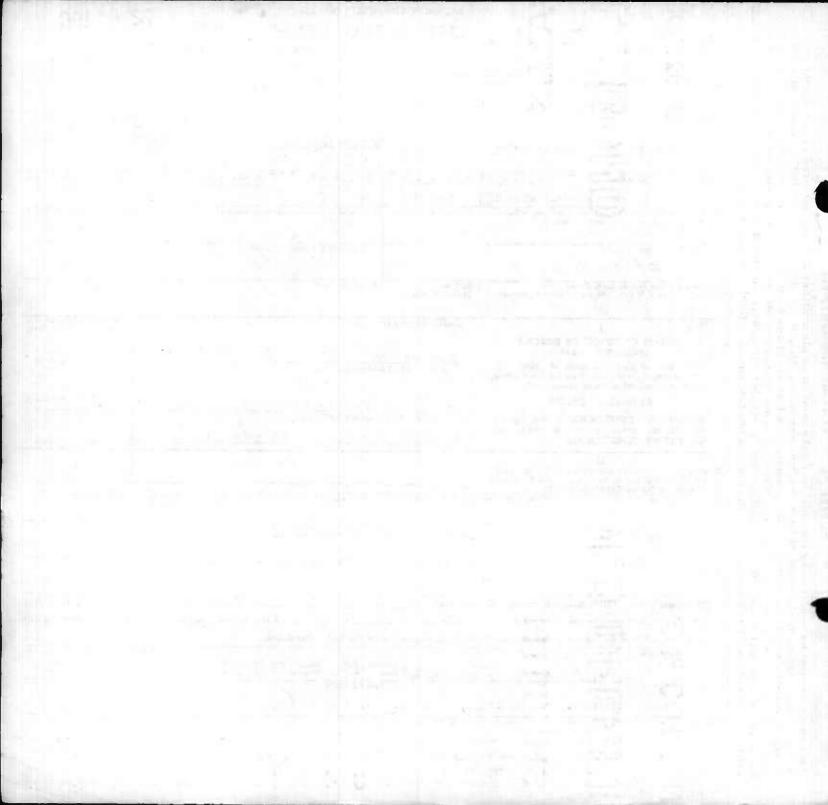
23C. PHYSICIAN'S NAME (Type)

John J. Duda 7922 Wise Ave. Dundalk, Md. 21222



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
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0= /	BALTIMORE CIT	Y HEALTH DEPARTMENT	T2 04496
BIRTH NO. 43-4915 72 04	1496 CERTIFICA	TE OF DEATH RE	G. NO. 12 U9436 /
TOPO OF POAVID M. BE	RLAND	2. DATE AND HOUR O	DE DEATH 245 A.M.
3. PLACE IN BALTIMORE, MARYLAND, WHER	E PRONOUNCED DEAD	A USUAL RESIDENCE (Where deceased	l lived. If institution: residence before admission
FULL NAME OF HOSPITAL OR ADDRESS OR LOCATION	OR INSTITUTION, GIVE STREET	Columbia, MA	D. INSIDE CITY LIMITS?
3 Johns Hopkin Hosp	IMZ	E. STREET AND NUMBER 5245 WEST K	UNNING BROOK
5. SEX 6. RACE 7. A	MARRIED NEVER MARRIED PT	8. DATE OF BIRTH 9. AGE (In	
M CAUCASIAN W	DOWED DIVORCED	3/27/72 ost birthdo	Months Days Hours Min.
iOA. USUAL OCCUPATION (Give kind of work 10B, done during most of working life, even if refired)	EIND OF BUSINESS OR INDUSTR	MARY LAND	12. CITIZEN OF WHAT COUNTRY? U.S. A.
13. FATHER'S NAME		14 MOTHER'S MAIDEN NAME	
BERLAND			
15. Was Decessed Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of	serviced 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
18. 2/ 8 /2 X 1	CAUSE OF DEA		APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECT	TLY	0000	Dece =
LEADING TO DEATH (This does not mean the mode of dy)	(A) IMMEDIATE CA	USE CATOTAL 17	KLE ST IMMEDIAGE
heart failure, astheria, etc. It means the injury or complication which caused dea	disease,	A CONSEQUENCE OF:	Consolulation 36 Hours
ANTECEDENT CAUSES	BUA	TELA FUI MONAR.	Consolulation 36 Horas
DISEASES OR CONDITIONS, If any,	giving (B) DUE TO, OR A	S A CONSEQUENCE OF:	
rise to the above cause (A) sta	the Alex	MERN Preumoni	A
	(C)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS CONTRIBUTIONS TO THE DEATH BUT NOT RELATED TO THE TO THE TOTAL TO THE TOTAL T	ERMINAL		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO THE TO DISEASE OR CONDITION GIVEN IN PART 1 19A-DATE OF OPERATION 19B-CONDITION WAS PERFORMED.	ON FOR WHICH OFERATION	20A AUTOPSY? (Yes of No.) 20B, IF IN CERT	YES, WERE FINDINGS CONSIDERED REVING CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH Input wedical exemined	218 PLACE OF INJURY (e.g., home, form, factory, street, etc.)	in or obout 21C WHERE DID () office bidg. INJURY OCCUR!	f In Boltimore City, give exact location)
	oud 21E INJURY OCCURRED	21F, HOW DID INJURY OCC	UR?
OF INJURY (APPROX.)	While At Not Wh	ile 🔲	
22. I certify that (i) (this hospital) at		ADRIC 28 1972	to MAY S 1972
that (I (we)) lost sow the deceased o		19 72 and that In (my)	() opinion death occurred on the date
and hour and from the couses stated			
23A. SIGNATURE			23 B, DATE SIGNED
Lawrence H- 10	Perstage Magner Ph	tending Med. Staff Phys.	5 May , 1972
23C. PHYSICIAN'S NAME (Type) Taylor On Co. H. Box	enstein, M.D.	23D. ADDRESS	
	rnstein, M.D.		(City, town, or county) (State)
24A. SURIAL CREMATION, 24B. DATE REMOVAL (Specify) 5/8/72	Johns Hopkin		
25A. DATE REC'D BY HEALTH DEPT. 258	NAME OF REGISTRAR	25C. FUNERAL USPITAL	TITOTOGAT ADDRESS
MAY 11 19/2 Valent 4	777000	THE PROPERTY OF	TROD JOIN
VS 150-REV. 1/1/68			



MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO.	12 04497
BIRTH NC. 1. NAME OF DECEASED		
(Type or Print) James F. Baker	OF 5 5	72 Hour
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy	Yeor Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) OR INSTITUTION	PRONOUNCED DEAD 5 5	72 2:05 p.
Sinai Hospital	S. USUAL RESIDENCE (Where deceased lived. If Institution A. STATE B. COUNTY	residence before admission)
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CI	TY LIMITS?
male Negro WIDOWED DIVORCED	Balto.	s 🗷 NO 🗌
9. DATE OF BIRTH IO. AGE (in years If Under 1 Yr. If Under 24 Hrs. Months; Doys; Hours; Min.	E. STREET AND NUMBER	
May 31,1909 62	518 Richwood Avenue	
11. BIRTHPLACE(State or foreign country) 12. CITIZEN OF	13. FATHER'S NAME	
Baltimore, Maryland USA USA	Wayman Baker	
14A.USUAL OCCUPATION (Give kind of work 148. KIND OF BUSINESS OR INDUSTR'done during most of working life, even If retired)	15. MOTHER'S MAIDEN NAME	
Chauffeur Johns Hopkins Un		
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown))(If yes, give wor or dotes of service) 17. SOCIAL SECURITY NO.	18. INFORMANT AL	DDRES\$
NO 215 03 882	\$ Beatrice S. Baker 3312	W. Garrison A
19. 4/2 4 1 CAUSE OF DEA	TH	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY Arter	riosclerotic cardiovascular di	sease
LEADING TO DEATH	CAUSE_	
	AS A CONSEQUENCE OF;	
injory of completellor which toosed deom.)		
ANTECEDENT CAUSES (B)		
	AS A CONSEQUENCE OF:	
UNDERLYING CONDITION LAST.		
CC)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL		
DISEASE OR CONDITION GIVEN IN PART 1 (A).		
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	AS PERFORMED	21. AUTOPSY? (Yes or No)
- C		yes
UNDERLYING TOP CONTRIB. home, form, foctory, street, office	in or obout 22C. WHERE DID (If in Baltimore City, give exace bldg., etc.) INJURY OCCUR?	t location)
UTING CAUSE OF DEATH.		
OF INJURY	WHILE	
(APPROX.) m. WORK NOT AT W		
	. 🖼	
	topsy 🔀 and that on this basis, death in my	•
resulted from: Natural causes X Accident Suicid	Olidetelilling mannet	
ACTUAL OF 111/10	CHIEF MEDICAL EXAMINER	DATE SIGNED
SIGNATURE A CONTROL OF THE SIGNATURE	ASSISTANT MEDICAL EXAMINER	5/6/72
EXAMINER'S Peter Lipkovic, M.D.	ASSOCIATE MEDICAL EXAMINER	3/0/12
24A, BURIAL CREMATION. 24B, DATE 24C NAME of CEMETERY	or CREMATORY 24D. LOCATION (City, town,	or county) (see
REMOVAL (Specily)		
		salte) Md.
AND 1 1972		DRESS
WILL TT COLD	Lewis T Gwynn 4517 Par	k Heights Ave
VS 151-REV. 1/1/68		1

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IMPORTANT DIRECTOR: FUNERAL

BALTIMORE CITY HEALTH DEPARTMENT 72 04498 REG. NO. CERTIFICATE OF DEATH pital and of death Deceased Such an the I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) hospital 0 death. 4. USUAL RESIDENCE (Where deceased lived. Il institution: residence before admission) 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD ance A. STATE B. COUNTY (5) 4 (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) cause FULL NAME OF HOSPITAL OR INSTITUTION C. CITY OR TOWN D. INSIDE CITY LIMITS? (4) Undetermined cause; attend 0 YES X prior cantributing E. STREET AND NUMBER IVANDOE made regular 5. SEX 6. RACE 9. AGE (In years B. DATE OF BIRTH If Under 1 Yr. Months: Doys MARRIED NEVER MARRIED deceased lost birthdoy WIDOWED DIVORCED 2 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? dispasitian deoth done during most of working life, even if retired) 5 Housewif MOS the 13. FATHER'S NAME 14. MOTHER direct 22 assistant kind; death 15. Was Deceased Ever in U. S. Armed Forces? 17. INFORMANT 6. SOCIAL (Yes, no or unknown) (It yes, give wor or dates of service) final SECURITY NO. attendance 1720 N. any CAUSE OF DEATH 5 18. pranounce DISEASE OR CONDITION DIRECTLY med Also, 0 a LEADING TO DEATH (A) IMMEDIATE CAUSE fracture (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF embal heart failure, asthenia, etc. It means the disease, 0 miner. injury or camplication which caused death.) regul ANTECEDENT CAUSES wha are DISEASES OR CONDITIONS, if any, giving DUE TO. OR AS A CONSEQUENCE rise la the above cause (A) 3 stating the physician remains UNDERLYING CONDITION last. medical MOS burns; ICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL physician DISEASE OR CONDITION GIVEN IN PART 1 (A) the (2) Bady 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED 19A. DATE OF OPERATION the O CERTIFI WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? befare 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21 B. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID home, lorm, foctory, street, office bldg., INJURY OCCUR? (If in Boltimare City, give exact location) where ICAL hospital Z DEATH (notily medical examiner) etc.) nature; MEDI obtained 21 D. TIME (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? 9 approved OF INJURY (except White At Not While (APPROX.) Work At Work and to the any 22. I certify that (1) (this hospital) attended the deceased from that (1) (we) lost saw the deceased alive on ond that in (my) (our) opinion deoth occurred on the date pe of hospital eatl ond hour and from the couses stated above. (1) (We) (dtd) (did not) view the body ofter death. was released must accident 23A, SIGNATURE 23B. DATE SIGNED O Attending -Med. Staff 0 Phys. Director L Phys. appraval 0 23C. NHYSICIAN'S priar 23D. ADDRESS certificate to An MOEGREE ugene tres was D.O.A. 24A. BURIAL CREA ATION, 24B. 24D. LOCATION (City, town, deceased the bady REMOVAL (Specily) written shaws: URIBL 258. NAME OF REGISTRAR DATE REC'D BY HEALTH DEPT. 25C. FUNERAL DIRECTOR VS 150-REV. 1/1/6B

NO

Hours

ADDRESS

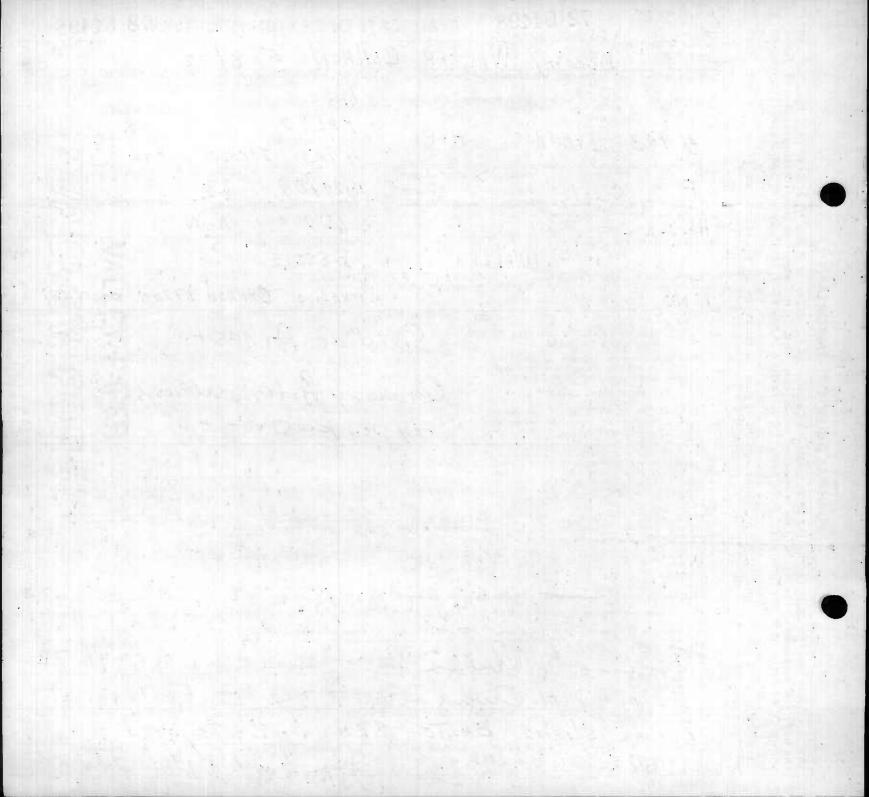
or county)

BROADWA

APPROXIMATE INTERVAL

BETWEEN ONSET AND DEATH

If Under 24 Hrs.

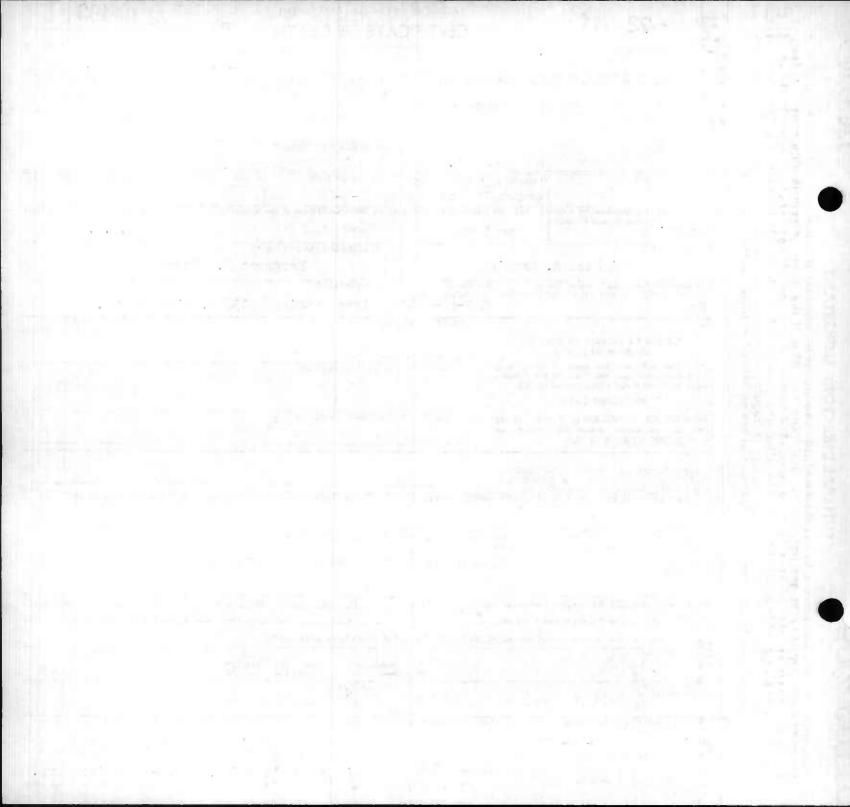


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Z	hic	
FUNERAL DIRECTOR: IMPORTANT	by the chief medical examiner or his assistant if death with by a medical examiner. Also, if the direct or c	
	y th	
	.0 0	

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	-0.1100		BALTIMORE CITY	HEALTH DEPARTMENT		72 04499
	72 04499		CERTIFICA	TE OF DEATH	REG. NO	15 0.1.100
BIRTH NO.	ASED	N.			AND HOUR OF DEATH	
Type or Print	Caroline		love	2. 5016	5-9-72	1 0.20 B
3. PLACE IN BALT	MORE MARYLAND, W			4. USUAL RESIDENCE IW	here deceased lived. It i	institution; residence before admission
				Maryland	YNTY	100
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)			C. CITY OR TOWN	In IN	SIDE CITY LIMITS?	
NOTIVITIZAL				Baltimore	D. 114.	YES NO
27				E. STREET AND NUMBER		
0/	Mercy H	ospti	al, Inc.	3100 Foste	er Ave.	
5. SEX	6. RACE	7- MARR	IED NEVER MARRIED	& DATE OF BIRTH	9. AGE (in years last birthday)	If Under 1 Yr. Il Under 24 Hrs Months Days Hours Min.
Female	White	WIDOY	DIVORCED	3-1-1885	87	Monins Days Hours Wife
		TOB KINE	OF BUSINESS OR INDUSTRE	11. BIRTHPLACE (State or fe	reign country)	12 CITIZEN OF WHAT COUNTR
done during most of v Housewif	rorking life, even if retired)	0	wn Home	Maryland		U.S.A.
3. FATHER'S NAA				14. MOTHER'S MAIDEN N	AME	
	Michael A	Man	กรักอ		aret B. Snyd	ler
E W					acco D. Lary	ADDRESS
(Yes, no or unknown)	Ever to U. S. Armed For Of yes, give war or date	s of servi	SECURITY NO.	17. INFORMANT	m=0 = ==	
No			217-48-6289	Lena Manning	738 S. Li	nwood Ave.
DISEASES O	R CONDITIONS, if above cause (A) CONDITION last	ony, gir	ring (8) DUE ID, OR AS	A CONSEQUENCE OF:	Danoldle Co	reberal
-	II CANT CONDITIONS CO	NTRIBUTII	(c)		- 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	12-01
TO THE DEAT	H BUT NOT RELATED TO T	HE TERMIN	IAL			
		DITION F	OR WHICH OPERATION	No No	No. 208. IF YES, WERE IN CERTIFYING C.	FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTRIBU DEATH (notify	TING CAUSE OF		21B. PLACE OF INJURY (e.g., i home, farm, factory, street, of etc.)	n of about 21 C. WHERE DID flice bidg., INJURY OCCUR?	(if in Boltime	ore City, give exact location)
O 21D. TIME	(Month) (Day) (Teat)	(Houd	21E INJURT OCCURRED	21F. HOW DID I	NJURT OCCURT	
E OF INJURY			While At Wat While Work At Work			1 4
22 1	al -a OS (al t- bta-)	N =44== d		- 11-	10 72 40 5	19/72 10
	last saw the decease		on 5 9 72.		_17	nion death occurred on the da
		ted abov	o. (1) (Re) (GIG) (414-00)	view the body after deat	lo .	
23A. SIGNATU		ati	To garage Atte	ending Med. Director	Staff Phys.	23 R. DATE SIGNED 12
23C. PHYSICIA NAME (T	ypel Y.M.	BH	ATNAGAR DEGREE ATNAGAR DEGREE	23D. ADDRESS ERC	Y HOS	P.

24A. BURIAL CREMATION, REMOVAL (Specify) 24B DATE 24C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (Stote) 5-13-1972 Oak Lawn
1 DEPT. 25B. NAME OF REGISTRAL
272 Och & 2 Salley, 1 Baltimore 25C. FUNERAL DIRECTOR Burial County, Maryland & Zeijer Inc. 1901-07 Eastern Ave. WAY 1-1 VS 150-REV. 1/1/68



6	2 1116			HEALTH DEPARTMENT		72 04500
1)-340	72 045	OO CERTIFICA	TE OF DEATH	REG. NO	
BIRT	H NO.		O() CERTIFICATION			
	AME OF DECE e or Print)	ASED		2. DATE A	NO HOUR OF DEATH	APPI
СТУР	e or rillio	Walter Butler		13/1	192	8 . A M.
3. P		MORE, MARYLAND, WHERE PRE	DNOUNCED DEAD		ere deceased lived. If i	nstitution: residence before odmission)
FUL	L NAME OF	(IF NOT IN HOSPITAL OR IN	ISTITUTION, GIVE STREET		altimore St	James Apt. / 60
INS		lington Ave.		Baltimore	D. 1143	YES X NO
20		mes Apt. 415		E. STREET AND NUMBER		
		ore, Maryland		801 Arlington	Ave.	
5. \$	EX	6. RACE 7. MARI	RIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
M	ale	Black WIDO	WED DIVORCED	Feb. 23,1892	80	
		PATION (Give kind of work 108, KIN orking life, even if retired)	D OF BUSINESS OR INDUSTRY	11. 8IRTHPLACE (State or for	eign country)	12. CITIZEN OF WHAT COUNTRY?
gone	Retired			Baltimore	, Maryland	U.S.A.
13. [ATHER'S NAM	NE .		14. MOTHER'S MAIDEN NA	ME	
	Harry	Butler		Laura Braxto	on	
15. V	Vos Deceased	Ever in U. S. Armed Forces? (If yes, give wor or dates of serv	16. SOCIAL	17. INFORMANT		ADDRESS
	Yes	World War I	SECURITY NO.	Mr. Frank B. Bu	utler 350	4 Calloway Avenue
	18.4/6	2,31	CAUSE OF DEATH	1 0 0	100	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		OR CONDITION DIRECTLY	Ville	noselevou	to A fran	1
		of mean the mode of dying,	e.g., DUE TO, OR AST	SE A COMMEDIUENICE OF:		
Ы	hearl foilure,	heorl foilure, asthenio, etc. It means the disease,				
	injury or complication which caused death.)					240
		ANTECEDENT CAUSES (8)				
		DISEASES OR CONDITIONS, if ony, giving DUE TO, OR AS A CONSEQUENCE OF:				
		above cause (A) sloting CONDITION last.	(C)	9	AO	1
			(0)			
z		11				
0		CANT CONDITIONS CONTRIBUTI BUT NOT RELATED TO THE TERM!				
A	DISEASE OR CO	ONDITION GIVEN IN PART 1 (A).				
15	19 A. DATE OF	OPERATION 198. CONDITION I	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or N	IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
ERTIFIC	0					
CAL C		T WAS UNDERLYING TING CAUSE OF medical examiner	21B. PLACE OF INJURY (e.g., i home, lorm, factory, street, of etc.)	n or obout 21 C. WHERE DID fice bldg., INJURY OCCUR?	(If in 8oltimo	ore City, give exact location)
Page		(Month) (Doy) (Year) (Hour)	21E, INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
8	OF INJURY (APPROX.)		While At Not While Work At Work	e D		
		•		7///		1,121
	22. I certify	that (N) (this hospital) attend	led the deceosed from	9 1 1 1	.19to\$	19
	that (I) (we)	lost saw the deceosed olive	on	19ond t	hot in (my) (our) op	Inion deoth occurred on the date
	and hour and	from the couses stoted obox	ve. (1) (We) (did) (did not) v	iew the body ofter death.	WIELD OF STREET	
	23A. SIGNATUI					23R DATE SIGNED
		J6 arner	Phys	Med.	Staff Phys.	314/11
	23C. PHYSICIAI	W'S	DEGREE	23D. ADDRESS	rnys. —	
	NAME (Ty	• William M. Garr	er	1133 Pennsylvar	nia Ave. Ba	Itimore. Md.
24A			OEGREE			City, town, or county) (State)
	REMOVAL (S	pecify)				
25A	Burial . DATE REC'D	5/4,72 8Y HEALTH DEPT. 258. NA	Arbutus Memoria Me of REGISTRAR	25C. FUNERAL DIRECTO	Baltimore, M	aryland ADDRESS
			100 AN AN			son Ave., Balt., Md
1	MAY 14	1079 QLADE	. O. 222 1 1 C	Mary E. Law	OUL Mad	Son Aver, Burer, I.a

